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PUBLIC HEALTH AND SOCIAL SECURITY

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by *Yuri Sviridov*

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Introduction

"Concern for the nation's health, the momentous political, social and economic changes that have transformed the face of this country since the October Socialist Revolution of 1917 have combined to provide a firm guarantee for every Soviet citizen to exercise a basic human right—the right to medical care."

The social policy of the Soviet Communist Party and the Soviet Government has enabled the USSR to achieve signal success in the field of public health. The Soviet Union has impressive material and technical facilities supporting its health services and a well developed medical industry. In terms of the number of hospital beds and trained medical personnel the USSR is either ahead of many of the industrialised capitalist countries or is on a par with them. By the end of 1976 the USSR had over 862,000 doctors and over 2.5 million doctor's assistants, nurses and other medium medical personnel; the number of hospital beds totalled over 3,000,000. The Soviet medical industry is producing a wide variety of drugs, diagnostic equipment and medicines necessary for disease prevention.

The rising material and cultural standards of the Soviet people and the creation of an up-to-date health service have combined to improve the health standards of the nation. Within the historically short time that has elapsed since the Great October Socialist Revolution of 1917 the type and pattern of pathology of the country's population have changed markedly: general and particularly infant mortality rates have sharply declined, dangerous epidemic diseases have been eradi-

cated and the physical health of the rising generation has shown considerable improvement.

The spectacular progress of health services and medical science in the USSR has often been described as an outstanding social experiment. However, an experiment usually implies a relatively short space of time. In the Soviet Union the "social experiment" has been on for sixty years now, ever since the greatest social revolution in human history took place in Russia. This experiment has profoundly affected the life of the entire nation with a multi-million population rather than a particular narrow field as is normal in the case of conventional experiments.

Not surprisingly, the Soviet health service and its successes have attracted the attention of members of the medical profession in many countries and of all those who follow with interest the progress of the Soviet people and the development of our socialist state.

This book provides a short outline of the history and present-day condition of health care and medical science in the USSR. It does not claim to give a comprehensive in-depth exposition of all the subjects covered and is intended for the general reader rather than the specialist. We still hope that it will help the reader to form a clear idea of the principles underlying the organisation of public health service in the USSR, of the changes occurring in public health as well as of the landmark stages and events in the evolution of public health in the Soviet Union. The reader will also learn about the main trends in medical science, about medical education and about other aspects of the Soviet public health system. He will see why it has been so successful.

Chapter One

THE USSR AND ITS PEOPLE

The health of a country's population and medical science are heavily dependent on that country's social and economic condition, the standard of its science, engineering and culture. Many medical experts working in developing countries take the view that the main enemy of public health, apart from the infectious and parasitic diseases and other immediate causes of sickness, is economic backwardness. It is safe to claim therefore that a poorly developed economy is the worst enemy of a nation's health. This was true of the situation in pre-revolutionary Russia where public health standards were more deplorable than in many other countries.

The Great October Socialist Revolution of 1917 ushered in a new era in human history, the era of socialism.

The October Revolution provided a model of a successful solution to many basic social problems. The revolution overthrew the power of the exploiting classes, established the dictatorship of the proletariat and converted private bourgeois and landowner property into socialist public property. The revolution also provided an example of a just solution of the land problem in favour of the peasantry, of the liberation of enslaved and dependent peoples from the colonial and national oppression and of the creation

of political and economic prerequisites of socialist society.

The socialist state for the first time in human history proclaimed the basic interests of the working population as its main slogan and provided the requisite economic, social and political conditions for the implementation of this slogan. The construction of a socialist state was conducted according to plan and under the guidance of the Communist Party, founded and led by the great Lenin, that expressed the hopes and aspirations of Russia's workers and peasants, of all its working people.

The construction of a socialist society was not an easy task. Battling against privations in an atmosphere of rigorous austerity measures the Soviet people succeeded in building a socialist society.

To enable the reader to form a good idea of the diversity and sheer complexity of the problems that had to be overcome by the incipient health service of the young Soviet state we are going to cite some of the basic facts about the USSR: its territory, population and economy.

TERRITORY AND POPULATION

The western part of the USSR is situated in Europe and its eastern part, in Asia. West to east its territory extends for over 9 thousand km and for over 4.5 thousand km from north to south. Total territory is 22.4 million km^2, a sixth of the total inhabited area of the earth. A country the size of the USSR presents a wide variety of natural and climatic conditions, from Arctic regions in the north to subtropics in the south.

The USSR is a multinational socialist state

inhabited by over one hundred different nations and nationalities, big and small. The USSR is composed of 15 constituent republics. The region is the basic territorial administrative unit in the USSR. Most regions have a population of over a million. A region comprises districts with an average population of from 20 to 100 thousand people and more.

The USSR is among the more populous nations of the world. As of July 1, 1976, the USSR's population stood at 256,7 million. The majority of the population (62 per cent according to the 1976 census) live in towns and urban settlements. The rural population accounts for 39 per cent of the total. Pre-revolutionary Russia which was economically backward had a heavy preponderance of rural dwellers who accounted for 82 per cent of the total in 1913.

According to the 1976 census the majority of the USSR's population, 83.6 per cent were workers and office employees. Collective farmers accounted for the rest 16.4 per cent.

Socialism has put an end to the exploiting classes. There is no bourgeoisie, no landowners and no private trading enterprises. There are two friendly classes in the USSR—the working class and the collective farm peasantry. Soviet intelligentsia—workers by brain totalling some 36 million—also constitutes a considerable proportion of the country's population.

The peoples of the USSR went through frightful privations and suffering in the years of the Civil War and later during the Great Patriotic War against nazi Germany. In that war the USSR lost 20 million of its population in killed soldiers, officers and civilians. This harsh test that the Soviet people went through with unparalleled courage upset the age and sex balance of the country's population. The war casualties pro-

duced a sex imbalance as a result of which the female part of the population predominates. According to the 1959 census, the first held after the end of the Great Patriotic War, males accounted for 45 per cent of the total population. This imbalance continues even now, though to a lesser extent: according to the 1976 census males account for 46.5 per cent of the total population.

The radical changes that have occurred in the USSR since the October Revolution, such as the creation of a powerful modern industry, rapid cultural progress, the advance of science and engineering and the improvement of the standard of living, have combined to produce significant demographic changes. The very type of population reproduction has changed. It is no longer characterised by a frequent succession of generations. On the contrary, there has been a noticeable slow-down in the speed at which one generation succeeds the other. General and infant mortality rates have gone down while average expectation of life has gone up. According to official statistics, in 1971-1972 average life expectancy was 64 for men and 74 for women, an average of 70 years for both sexes.

The age structure of the USSR's population is also characterised by what is known as an aging of the population. This takes the form of an expanding proportion of persons reaching the age of 60 and over and a relative shrinking of the proportion of young people in the total population. Whereas according to the 1939 census men and women of 60 years of age and over accounted for 6.8 per cent of the total, in 1959 this figure reached 9.4 per cent. The 1970 census showed that the proportion of persons in this age group stood at 11.8 per cent. It is thought that at the moment the proportion has reached 12.5 per cent.

The USSR's population grows by an average of 3 million annually. Between the 1959 census and January 15, 1970 when the next census was taken, the country's population grew by almost 33 million despite the frightful human losses during the last war.

However the steady growth of the USSR's population is no cause for alarm to anybody which is something that happens in other populous countries which lack an adequate economic potential. Birth control measures and family planning have never been encouraged and are not being encouraged in the USSR. On the contrary, the social policy of the Soviet state from the very start has encouraged a high birth rate. The demographic policy of the Soviet state is unchanged and is aimed at stimulating the birth rate and improving mother and child welfare at state expense.

We shall deal with this important question later as well as with medical assistance to mother and child, assistance which has been largely responsible for improving the overall standard of health of the Soviet population. For the moment we should note in passing that the legalisation of abortion in the USSR does not imply any intention to control birth rate. What it means is the granting of a right to a woman to decide for herself how many children she would like to have.

The Soviet state has a vital interest in increasing the country's population as the state guarantees full employment and the provision of normal reasonable living conditions. The USSR has long eliminated unemployment and poverty, those two inevitable concomitants of a capitalist system of economy.

THE ECONOMY AND LIVING STANDARDS

The October Socialist Revolution apart from liberating the peoples of Russia from exploitation enabled the country to make giant strides in science and engineering. The national income, which is an important economic indicator, reflects the stable and rapid economic progress in the USSR. Compared to the pre-revolutionary level (1913)* national income had increased over 61 times by 1976. Compared with the prewar level (1940) it had increased almost 11.5 times. A powerful industry built up since the establishing of Soviet power has enabled the country not only to develop producer goods industries but also consumer goods production at a high rate. Industrial and agricultural progress recorded was much faster than in the industrialised capitalist countries. Thus an average annual growth rate of industrial production in the USSR between 1951 and 1975 was 9.6 per cent compared to 3.8 per cent in the USA in the same period. Speaking at the 25th Congress of the CPSU, Prime Minister Kosygin said that over the last 25 years the average annual growth rates of industrial production in the USSR and other countries of the socialist community, members of the CMEA, were twice as fast as in the industrialised capitalist countries: 9.6 and 4.6 per cent respectively.

The USSR is visibly ahead of most of the industrialised capitalist countries, including the USA, not only in terms of rate of advance and volume of output but also in the output of oil, steel, cement, mineral fertilisers, cotton fabrics

* The year 1913 was the peak year for the tsarist Russia's economy. It was the last peaceful year, for in 1914 the First World War broke out.

and in the freight turnover of all types of transport. In 1975 the USSR generated a total of 1,038,000 million kWh of electricity, produced 349 million tons of oil, 701 million tons of coal, 141 million tons of steel and 289,000 million cubic metres of natural gas.

In the space of five years between 1970 and 1975 the USSR's total industrial output increased by 43 per cent. The country's economic potential has doubled over the past ten years.

Rapid economic development has enabled the country to improve the quality of life for its population. Impressive sums are allocated by the state to meet the material and cultural needs of the population. Real incomes of workers increased 7-fold in the fifty years of Soviet power while those of collective farmers registered an 11-fold rise.

Real incomes have grown at a consistently high rate. Compared with the 1940 level the real incomes of workers and office employees had increased by 3.5 times by 1975 while those of collective farmers by 5.8 times. In the space of five years between 1970 and 1975 the average monthly earnings of workers and office employees increased by 20 per cent to reach 146 roubles in 1975 while if one adds the value of benefits and allowances provided from the public consumption funds the average monthly earnings totalled 198 roubles. The earnings of the agricultural population rose by 25 per cent in the same period. Leonid Brezhnev, the General Secretary of the CC of the CPSU, in the Report of the CC CPSU to the delegates of the 25th CPSU Congress stated that in 1975 compared with the 1965 level the number of persons with an average monthly income of over 100 roubles per capita had grown 8.5 times. Leonid Brezhnev added, "This figure is evidence of a fundamental change

in the living standard and way of life of tens of millions of people."*

Apart from wages and salaries which are the chief source of the growth of real incomes Soviet people also receive benefits and allowances from the public consumption funds which cover expenditure on free education, free medical care, benefits, pensions, student maintenance grants, the upkeep of children in pre-school institutions, etc. These benefits and allowances supplement the earnings of Soviet people. An idea of the size of government spending on social and cultural measures can be gauged from the USSR state budget approved in 1976. A total of 80,500 million roubles (out of the total of budget allocations of 223,500 million roubles) is set aside for these measures which is as much as is to be spent on industry and agriculture and over four times as much as on defence purposes.

In per capita terms benefits and allowances to be paid out of the public consumption funds totalled some 354 roubles by 1976. A considerable proportion of the money to be spent out of the public consumption funds will go to improve the health services, of which more later.

A sizable proportion of the total state budget spending on social and cultural measures, almost 28,000 million roubles (1976) will be spent on social security. Most of these funds is set aside to finance the various pensions including old age pensions. In 1976 pensioners of all kind numbered 45 million, i.e. 17 per cent of the total population. The pensionable age is 60 for men and 55 for women. Apart from that, a considerable proportion of the country's working population employed in arduous jobs, as well as women working in certain types of factories, and some

* *Documents and Resolutions. XXVth Congress of the CPSU*, Moscow, 1976, p. 44.

other categories of workers are entitled to pensions five to ten years earlier.

By contrast in the USA the pensionable age for men is 65 and for women 62. In the Federal Republic of Germany, the Netherlands and Finland the pensionable age for both men and women is 65 years, in Switzerland 67 and in Canada, Ireland and Norway—70 years of age. What is more, in the USSR with its relatively low pensionable age the size of pensions is very high—they account for 50 to 100 per cent of the size of earnings. Apart from the government-financed pension schemes, Soviet people are entitled to leaves of absence with full pay and allowances in case of temporary disability due to illness or injury, for looking after a sick child or relative and also if they live in areas placed under a quarantine, which also contributes to improving the health of the population and their material well-being. As mentioned above, pensions and allowances are government-financed exclusively. They are not self-contributory as is the case in many capitalist countries. The Soviet state has placed full responsibility and the necessary resources for social insurance in the hands of the country's trade unions which supervise how these are distributed and managed.

A good deal has been done in the USSR to shorten the working day and ease working conditions throughout the economy. Average working week for all workers and office employees is 39.4 hours. Most industrial enterprises and offices have been placed on a five-day working week which enables the workers and employees to have two days off for relaxation, recreation and improving cultural and spiritual standards. The number of days off including Saturdays and Sundays, public holidays and annual leaves from work for workers and

employees total 128-130 a year which is double the number ten years ago. The problem of providing modern and comfortable dwellings is being successfully solved. The diet of Soviet people is increasingly dominated by quality food with a high protein and vitamin content. The consumption of meat, milk, eggs, sugar and other nutritious foods is growing year by year while the consumption of bread and groats, which were the staple diet of the majority of the population of pre-revolutionary Russia, is declining (see Table 1). Per capita intake a day averages 3,000-3,200 calories.

Table 1

Consumption of Basic Foods
(per capita annually)

Food	1913	1975
Meat and lard, kg	29	57
Fish and fish products, kg	6.7	16.5
Milk and dairy products, kg	54	315
Eggs	48	215
Sugar, kg	8.1	40.8
Flour, groats, kg.	200	141
Potatoes, kg	114	120
Vegetables and melons, kg	40	87
Fruits and berries, kg.	11	37

As the food requirements of the population are met increasingly more fully the demand for consumer durables and other non-foods is growing. Between 1940 and 1974 the retail trade turnover increased 8.2 times. Sales of radios, radiograms and similar equipment went up by 42 times, those of furniture by 24 times and those of sporting gear by 22 times. Every one hundred Soviet families in 1975 owned 56 refrigerators, 71 TV sets, 62 washing machines, 77 radios, 60 sewing machines and 54 bicycles and motorised bicycles.

Housing construction is expanding with every year. Over the last ten years half the USSR's population moved into new flats with every modern convenience or had their living conditions substantially improved. By 1975 compared with the 1918 level the total floor space had increased ten-fold. Every town dweller enjoys an average of almost 12 square metres of floor space. In his report to the delegates of the 25th CPSU Congress Prime Minister Kosygin said that between 1971 and 1975 alone the USSR built over 11 million flats and detached houses with an aggregate floor space of 544 million square metres which made it possible to improve the living conditions of 56 million persons.

Housing construction in the USSR is advancing at a higher rate than that in some of the industrialised capitalist countries. In 1975 in the USSR 2,228 thousand flats were turned over for tenancy which is 50 per cent more than in Britain, the FRG and France taken together, and almost 813 thousand flats more than in the United States in the same year.

Rent in the USSR never exceeds five per cent of the earnings of workers and employees whereas in capitalist countries it accounts for 25 and not infrequently for a third of the tenants' incomes.

The USSR has achieved impressive success in public education, science and cultural development. Illiteracy was eliminated within the early years of the establishment of Soviet power. Millions of people were given every opportunity to develop their talents and abilities in science and art. In 1975-1976 over 92 million people attended the country's colleges and universities, general education schools and other educational establishments. In 1975 alone 713.7 thousand

young men and women graduated from the country's institutions of higher learning. Another 1,157 thousand finished secondary specialised and vocational and trade schools. Between 1918 and 1975 the higher and secondary specialised establishments trained a total of 33 million specialists (12.6 million with a higher and 20.4 million with a secondary specialised education).

The USSR has a diversified and far-flung network of scientific research and research and development centres in every field of science and engineering with a combined staff of over 1.2 million scientific workers. The USSR Academy of Sciences is the headquarters of Soviet science. There are branch academies of sciences for many fields of science including the USSR Academy of Medical Science.

The nationalities policy pursued by the Soviet state has provided favourable conditions for the development of science, culture and education by every people, big or small, inhabiting the USSR. Once backward fringe areas of tsarist Russia have developed into flourishing, industrialised sovereign republics with high standard of science and culture. Such small peoples as the Komi, Mordvinians, Adygeis, Altaians, Khakassi and others which before the Revolution did not even have a written language today have their doctors, engineers, scientists and men of arts.

The foregoing should help the reader form a good idea of the background to the cardinal problems of Soviet health services and the way these problems have been tackled. It should also help the reader see the intimate connection between the standard of health services and medical science and the economic and social conditions of a nation.

Chapter Two

LANDMARK EVENTS IN THE HISTORY OF SOVIET HEALTH SERVICES

THE HEALTH OF THE POPULATION AND HEALTH SERVICES IN PRE-REVOLUTIONARY RUSSIA

The economic and cultural backwardness of the Russian Empire was responsible for the deplorable condition of the health services and the health of its many different peoples. Even government departments made no secret of the dismal state of affairs in the Empire's public health care system. A special interdepartmental commission under Professor G. Ye. Rein, a well-known medical expert, set up to prepare recommendations for a review of the legislation relating to medical services and sanitary inspection (1912) made the disheartening conclusion after a survey of the Empire's health services: "A huge part of Russia totally lacks health services of any kind in consequence of which there is an appallingly high incidence of disease and mortality rate from infectious diseases and a deplorably low general level of health."

In 1913 which was a relatively good year for Russia in terms of economic and sanitary conditions the general mortality rate in the country was 2-2.5 times higher (29.1 deaths per every 1,000 of population) than in Britain, the USA, Germany and France. Infant mortality in 1913 was 268.6 per 1,000 live births, that is, over a quarter of infants died of different diseases and deformities

before they ever reached the age of one. Those were average figures. But there were areas, and fairly large ones at that, where these figures were even higher. Even in Moscow Gubernia in the heart of European Russia, infant mortality was 300 and more deaths per 1,000 live births.

In Russia as in most economically backward countries there was a high birth rate notwithstanding a high mortality rate (45.5 per 1,000 of population in 1913). This produced a relatively high natural population increase: 15-17 per 1,000 of population. At the same time the average expectation of life was low at 32 years according to the 1896-1897 census.

The deplorable sanitary conditions that were so much a feature of pre-revolutionary Russia were responsible for the high incidence of infectious and parasitic diseases including those that required the imposition of a quarantine such as cholera, smallpox, plague and typhus. In the space of the ten years preceding the First World War over a million people in Russia were registered as suffering from typhus and that was a conservative estimate. Naturally in these conditions tuberculosis, venereal diseases, alcoholism and other social diseases found a fertile soil. Over 30 persons out of every thousand who were examined by doctors in that period were found to have syphilis and gonorrhoea. Medical examinations of young men drafted for military service indicated that 50 to 100 out of every thousand suffered from TB which was a startling discovery considering that the young draftees were among the most healthy section of the population.

Infectious diseases carried off over a million of adults every year. Two million children died every year in Russia from infectious and parasitic diseases.

These gloomy statistics reflected the wretched conditions in which the majority of pre-revolutionary Russia's population lived.

Lenin in his analysis of the social causes of the poverty and ill health of the toiling masses of Russia wrote: "Thousands and tens of thousands of men and women, who toil all their lives to create wealth for others, perish from starvation and constant malnutrition, die prematurely from diseases caused by horrible working conditions, by wretched housing and overwork." *

Pre-revolutionary literature provided an eloquent testimony of the frightful living conditions of the working people. Not surprisingly the propaganda leaflets distributed by revolutionary-minded workers called for an overthrow of autocracy and spoke with infinite sorrow and flaming indignation about the arduous working conditions at factories and plants, of the high incidence of industrial injuries, of the short expectation of life and of the ill health and poor physical development of the workers. Working people could no longer put up with conditions that were unworthy of a human being and that humiliated human dignity.

The more advanced and dedicated doctors, doctors' assistants and nurses joined the workers and the working class party which fought for a better life, for social justice, freedom and equality for working people and against the unbearable working and living conditions and the deplorable condition of the nation's health. They campaigned for the provision of more hospital beds, better facilities, more trained medical personnel and for an increase in government spending on health services for the population.

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* V. I. Lenin, "Another Massacre", *Collected Works*, Vol. 5, p. 25.

They dreamed of a system of free qualified health services accessible to all. Many medical doctors who were utterly dedicated to their profession and who took the suffering of the people very much to heart left the security of their practices in the town and went to the countryside to join the staff of *zemstvo** medical centres and hospitals of which there were so few in Russia.

But those enthusiasts, for all their fervour and self-sacrificing efforts, could not change the situation for the simple reason that they were so few and lacked facilities. A radical transformation of the state system in Russia could alone solve the problem. The number of doctors and other medical workers was very small. In 1913 slightly over 28 thousand doctors and 46 thousand medium medical personnel worked in Russia's badly understaffed and ill-equipped hospitals and other medical institutions. There was only one doctor for 5,665 of population (1.8 doctor and some 3 medium medical personnel for every 10,000 of population). In this respect Russia was only a little better off than colonies and semicolonies. It was far behind the USA and Western Europe. In many areas of Russia there wasn't a single doctor while in some fringe areas of the Russian Empire there was one doctor for scores of thousands of population. The teeming millions of Russia's peasants were practically denied any qualified medical care.

There was an acute shortage of hospitals and

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* *Zemstvo* medical aid to the population was sponsored by the so-called *zemstvos* (local government bodies in the central provinces of the pre-revolutionary Russia) and provided medical attention to the rural population. *Zemstvos* provided money for the building and maintenance of schools, rural hospitals and outpatient departments. As a rule, the *zemstvos* were dominated by landowners and rich peasants.

other medical institutions. There was a total of only 208,000 hospital beds for the whole of Russia, i.e. 13 hospital beds per 10,000 population in 1913.

Russia had no medical and pharmaceutical industries to speak of. Neither did it have state sanitary and epidemiological services. There were only a few scores of sanitary inspectors.

The deplorable state of affairs in Russia's health services was made worse by the absence of any central health authority. Almost each government department and ministry had its own medical section. Besides, the various charitable, religious and public organisations had a number of medical institutions in their charge. Not even the military medical service was administered by a central body. True, shortly before the October Socialist Revolution an abortive attempt was made to set up a central public health authority to be headed by Professor G. Ye. Rein.

Analysing the reasons for the unsatisfactory state of affairs in pre-revolutionary Russia's public health, it should be emphasised that not only was Russia economically backward at the time, but the tsarist government treated the needs of the country's working people with criminal neglect and disdain. The tsarist government allocated ridiculously meagre sums to finance health services. In 1913 which was the peak year for government spending on public health needs, total expenditure per capita of population was 91 kopecks. Five kopecks out of this total was to be spent on sanitary and epidemiological measures which at the time were especially urgent. A veteran Russian physician A. P. Voskresensky complained after a medical conference held shortly after the October Socialist

Revolution as he recalled his work as a *zemstvo* doctor: "Under tsarism there was one doctor for two uyezd" (district—*Tr.*) "towns. There wasn't a single doctor in the countryside. Sanitary services were practically non-existent. The *zemstvo* gentry were afraid of health education looking upon it as something that contributed to the spread of revolutionary views."

The acute shortage of medical personnel could not be made up by the training of doctors, doctor's assistants and other medical workers, as there were only a few medical schools and colleges. In 1913 Russia had only sixteen medical colleges of which ten were part of universities. There were also higher women's medical courses attached to some of the universities, a military medical academy and a psychoneurological institute which apart from conducting basic research also trained doctors.

These institutions formed the main base supporting medical research in Russia as there were very few specialised medical research centres and laboratories. There was only one major medical research centre—the institute of experimental medicine set up in 1890 in St. Petersburg. Besides there were a few laboratories and small medical research centres attached to the Russian Academy of Sciences and some other government departments. Despite the unsatisfactory organisational and technological conditions, Russian doctors and medical scientists worked with dedication and won international renown. The schools set up by professors I. M. Sechenov, S. P. Botkin, I. P. Pavlov, N. Ye. Vvedensky, V. M. Bekhterev, were world-famous. However, even these eminent medical scientists could not introduce their discoveries into the practice of Russia's public health services. They lacked both

funds and a sufficiently wide network of medical research institutions.

Only the October Socialist Revolution created conditions for transforming the whole of the country's public health and medical care systems. Not surprisingly, the programme of the Russian Social Democratic Labour Party worked out by Lenin and adopted by the Second Congress of the Party in 1903 spoke of the need to overthrow autocracy in the interests of saving "the working class from physical and moral degeneration, and also to raise its fighting capacity in the struggle for its emancipation..." *

THE EARLY YEARS OF SOVIET PUBLIC HEALTH

Within days of the establishment of Soviet power efforts were made to carry out deep-going socialist transformations in the interests of the working class and the working peasantry. The Second Congress of the Soviets as the supreme body of state power in the country passed decrees on peace and land. Under the terms of the decrees the land, factories and plants, mines, banks and means of communication were converted into public property. Everything possible was done to improve the living and working conditions of the workers and peasants immediately. Among the first legislative acts of the Soviet Government were the law on the eight-hour working day, duration and distribution of working time, the laws on social security, on the free transfer of all medical institutions to public authorities and sick funds and many others which formed the legal basis for a radical transformation of the country's public health services.

* V. I. Lenin, "Draft Programme of the Russian Social-Democratic Labour Party", *Collected Works*, Vol. 6, p. 30.

The Communist Party and the Soviet Government gave the closest attention to the efficient organisation of medical care for the population. Lenin personally signed about 100 decrees and resolutions relating to the provision of health services, security in case of disability etc.

In the incredibly difficult conditions of the Civil War, which was unleashed by counter-revolutionary forces within Russia relying on the support of the imperialist states with the intention to restore the former political system, and despite the famine and economic dislocation the first public health institutions and organisations of a totally new kind were set up—medical and sanitary departments attached to the local government bodies. The next day after the October Socialist Revolution, on October 26, 1917, a medical and sanitary department, headed by M. I. Barsukov, was set up by the Military Revolutionary Committee in Petrograd. This department, which was the first central body controlling the public health services of the young Soviet Republic, was not only to provide medical assistance to the revolutionary insurgents, but also to prepare recommendations for a radical transformation of the country's entire public health system.

In January 1918, in line with the government decree, the Council of Medical Collegia was set up. This was the highest government body in charge of the country's medical health services. The Council coordinated the activities of all the medical or medical-sanitary departments and collegia attached to the People's Commissariats (ministries—*Tr.*)

It should be noted that in the immediate post-revolutionary period there was no People's Commissariat of Public Health. The reason was that not all members of Russia's medical profes-

sion went over to the side of Soviet power after the Revolution. A section of the Russian medical profession failed to see the true goals of the Revolution immediately, did not accept the democratic changes that were taking place in the country and even opposed the initiatives and revolutionary changes put through by the young Soviet state. It was not until June 1918, when the first and most representative congress of health workers, the Congress of Medical and Sanitary Departments, was held and adopted a special decision on the creation of a People's Commissariat of Public Health, that an appropriate decree signed by Lenin was passed. The decree, dated July 11, 1918, provided for the formation of a central national body in charge of public health throughout the Soviet Republic—the People's Commissariat of Public Health. This was the first public health ministry of its kind not only in Soviet Russia, but in the whole world. N. A. Semashko, an eminent medical scientist and one of the architects of public health in Soviet Russia, was appointed as People's Commissar for Public Health and Z. P. Solovyov, as his deputy. The first members of the Collegium of the People's Commissariat of Public Health included such eminent medical minds as V. M. Bonch-Bruyevich (Velichkina), A. P. Golubkov, P. G. Dauge and Ye. P. Pervukhin.

A government decree was passed to set up a central medical-sanitary council at the People's Commissariat of Public Health. This council was to examine all matters concerning the development of public health with the participation of representatives of various public organisations, and also of workers and peasants and of other circles of the population. A Learned Medical Council under the chairmanship of Prof. L. A. Tarasevich, a well-known microbiologist

and epidemiologist, was set up as a consultative body at the People's Commissariat of Public Health. This Council played a prominent part in pooling the efforts of the country's medical profession to tackle urgent practical problems of public health in the Soviet Republic.

A number of medical research institutes and laboratories were set up in line with a relevant government decision. It should be mentioned that a number of eminent medical scientists including V. M. Bekhterev, D. K. Zabolotny, A. N. Sysin, A. N. Bach, P. N. Diatroptov, Ye. I. Martsinovsky, N. I. Shaternikov and some others took the side of the revolutionary workers and peasants in the first days of the Revolution and by their dedicated work greatly helped the first public health bodies of the young Soviet Republic.

The Eighth Congress of the CPSU (which was called at that time the Russian Communist Party [Bolsheviks]), held in March 1919, was a landmark event as it discussed a number of urgent problems arising from the military and agricultural situation. The Congress also adopted a new Party Programme. Worked out under the guidance of Lenin himself, the new Party Programme laid down the guidelines for the country's progress in the political, economic and social fields. For the first time the Party Programme comprised a special section on public health. The Programme not only defined the tasks to be tackled in the field of public health, but also laid down basic directions and specified ways and means of solving them, with special emphasis on social and disease-prevention measures. However, the Civil War that followed interrupted work aimed at building a national system of public health with a far-flung network of hospitals, sanitary and

epidemiological institutions and a huge army of medical personnel.

The medical profession of the young Soviet Republic had to provide services to the Red Army and undertake control of epidemics which were rife all over the country at the time. Despite the acute shortage of trained medical personnel the spread of epidemic diseases was stemmed and additional hospital beds and other facilities were provided to take care of the wounded and the sick. Explanatory campaigns were conducted among the population to alert them to the danger of anti-sanitary conditions. Government organisations, notably the People's Commissariat of Public Health, set up special commissions which were to mobilise all available resources to prevent the spread of epidemics and especially of typhus and relapsing fever. In 1919 a decree was passed on compulsory smallpox vaccination. Urgent measures taken in line with that decree were largely instrumental in combating the smallpox.

The government decree on sanitary inspection bodies of September 1922 was a considerable step forward in the struggle to control epidemics and improve sanitary conditions. The decree marked the beginning of an anti-epidemic campaign launched on a national scale. The first government specialised institutions were set up to look after the day-to-day progress of sanitary and anti-epidemic measures.

Later, starting with the government decision of February 1927 on sanitary inspection bodies, preventive sanitary control was exercised, in addition to the current control measures, as a basic function of social sanitary and anti-epidemic institutions, the so-called sanitary and epidemiological stations. A state sanitary inspection service was organised.

HEALTH SERVICE IN THE PERIOD OF SOCIALIST RECONSTRUCTION

After the Civil War it was essential within a short time to bring the country's war-ravaged economy back to normal. It was important to expand the network of medical institutions as soon as possible, to train more doctors and other medical personnel, to make an unparalleled leap from backwardness into progress, from the ill-functioning system of public health that was the legacy of pre-revolutionary Russia to an efficient socialist system of public health which would ensure rapid progress in improving the nation's health. The USSR embarked on a radical reconstruction of the whole of its economy. In those years the provision of medical care for workers and peasants was of special importance. The decision adopted by the Central Committee of the Communist Party in December 1929 laid down the ground work for tackling this programme. New forms of medical assistance, as well as new medical institutions came into being. Examples include medical posts, which provided medical attention to workers and office employees at factories and plants. A rational organisation of medical care helped to reduce considerably the sick rate among factory and office workers and thus augment the country's manpower resources.

Those years saw the early beginnings of the prophylactic method which combined the advantages of treatment and disease prevention, of which more later. The prophylactic method implies the provision of an all-round medical service for a specific population group and includes early detection of disease on the basis of regular medical examinations and check-ups. If the need arises, patients are invited to a medical

institution in good time to undergo a full course of treatment following which they are given jobs best suited to their state of health. The introduction of this method called for the setting up of a far-flung network of medical institutions and for the training of thousands of specialists. That is the reason why this method failed to be introduced on a sufficiently wide scale in those grim years, when there was a shortage of most essentials. It was not until some decades later that this method was introduced on a truly national scale and the whole of the urban and rural population were covered by it. But even in those early years some medical organisations, as for instance those in Moscow and Leningrad, attempted to place the whole of the population under the surveillance of disease-prevention centres.

The health services for rural areas were also radically reorganised with the accent placed on village hospitals. A large contingent of doctors and other medical personnel went to work in the countryside where good working and living conditions were created for them.

In the early years of Soviet power the first steps were made to organise an efficient system of mother and child care relying on a wide network of children's polyclinics, mother and child centres, women's consultation centres as well as inpatient medical institutions.

The Constitution of 1936 not only proclaimed but also guaranteed the rights of all Soviet citizens, irrespective of nationality, religious belief, social and material status, to rest, security in old age and in case of ill health or disability.

The Constitution also guaranteed the equality of women with men and state protection for the interests of mother and child.

The important measures aimed at creating an efficient socialist system of public health resulted in signal success: by 1940 the number of doctors rose to 155,000, while that of medium medical personnel to 472,000; the country had a total of 791,000 hospital beds.

Spectacular changes had occurred in the public health situation in the constituent republics that used to be the outskirts of the Russian Empire. New hospitals and curative and prophylactic institutions were built. They were staffed by doctors and medium medical personnel trained from among the local population. In 1940 compared with the 1913 level the number of doctors had increased 20-fold; the number of hospital beds in Uzbekistan showed a similar increase; in Kazakhstan there was a 15-fold increase, and in Kirghizia—a 35-fold increase. The number of doctors in Tajikistan had increased 45 times, while the number of hospital beds, 46 times. The numbers of doctors and of hospital beds in Armenia, Azerbaijan and other republics had increased manifold. By the beginning of the Second World War, all the constituent republics had medical schools of their own to train doctors and medium medical personnel and had qualified medical scientists and researchers of their own. Between 1929 and 1939 a total of 24 new medical colleges were opened.

HEALTH SERVICE DURING THE GREAT PATRIOTIC WAR. ECONOMIC REHABILITATION AND DEVELOPMENT OF THE NATIONAL ECONOMY

The Great Patriotic War of 1941-1945 was a severe test for the whole of the Soviet people and

for the country's medical profession. Within days of the start of the war an efficient and neat system of specialised medical assistance suited to war-time conditions was set up, a network of evacuation hospitals was created and medical service was organised for the population of the areas deep in the country's interior. Daily attention was given to the organisation of feeding arrangements and the provision of medical care for children. Every effort was made to prevent epidemics.

Energetic and well-designed measures made it possible to prevent the spread of infectious diseases and save the lives of hundreds of thousands of military personnel and civilians. For the first time in the history of a war not a single major outbreak of an epidemic disease was registered anywhere in the Soviet Union. The percentage of officers and men returning to active combat duty after hospital treatment was very high, at 72 per cent for the wounded and 90 per cent for the sick.

Apart from thousands of doctors and nurses Soviet medical scientists made a weighty contribution to the war effort and the achievement of final victory. Besides carrying on research work, they also gave direct medical assistance to the wounded and the sick. In 1944 a single coordinating centre of medical research was set up—the USSR Academy of Medical Sciences. Academician N. N. Burdenko, an outstanding medical scientist and the chief surgeon of the Soviet Army, was elected first President of the Academy.

The war inflicted incalculable damage on the country's economy and took a toll of 20 million in killed alone. Besides there were millions of cripples and chronically sick. A total of 1,710 towns and cities were destroyed either complete-

ly or partially, over 700,000 villages and rural communities were razed to the ground. Forty thousand hospitals, polyclinics, treatment and disease prevention centres, sanitary and epidemiological stations and other medical institutions were demolished. The country faced the Herculean task of rehabilitating its war-ravaged economy. Already the first postwar five-year plan, for 1946-1950, adopted by the Supreme Soviet of the USSR in March 1946, provided not only for the achievement of the prewar level in public health, but also for a considerable expansion of the network of medical institutions and the numbers of trained medical personnel. The plan called for increasing the number of hospital beds to one million, and for a several-fold increase in the number of doctors. Further, it called for a substantial expansion of the country's medical and pharmaceutical industry which was set up before the Second World War.

By 1950 the targets of the first postwar five-year plan had been fulfilled and the number of doctors, medical institutions and hospital beds had exceeded the prewar level.

Among the important organisational measures taken in that period was the merger between outpatient health centres and polyclinics, and hospitals. Since 1948 an incorporated hospital consisting of an inpatient department and a polyclinic has been the basic medical institution in the USSR. This integration has helped to improve the standard of medical care as well as the training of doctors.

At the same time the bodies in charge of health services in rural areas were reorganised. District public health departments as the main administrative bodies in charge of public health in rural areas were abolished and all organisational and

economic functions associated with the administration of public health institutions were taken over by the district incorporated hospital. The head doctor of the hospital was made the chief surgeon of the district responsible not only for the work of the district incorporated hospital as the main curative and prophylactic institution, but also for the activities of all other medical institutions in the district.

HEALTH SERVICE IN THE PERIOD OF THE COMPLETION OF BUILDING SOCIALISM AND A DEVELOPED SOCIALIST SOCIETY IN THE USSR

The 1951-1955 five-year plan called for the further strengthening and expansion of the material and technical facilities of the country's system of public health and for improving the quality of medical care through accelerated development of specialisation. In 1955 the country had over 340,000 doctors and some 1,000,000 medium medical personnel. The number of hospital beds reached almost 1,300,000.

Of great importance for improving the health of the population were decisions taken by the Communist Party and the Soviet Government to expand and improve the system of social security. In 1956 the Supreme Soviet passed a law on state pensions under which the size of pensions was increased significantly, while the pensionable age for industrial and office workers entitled to old age pensions was reduced. At the same time, shorter working hours were decreed on the days preceding days off and public holidays. Shortly afterwards a five-day working week with two days off was introduced at most industrial enterprises.

The decree on increasing maternity leaves from 77 to 112 calendar days was an important step in improving the country's public health situation.

The postwar period has been characterised by an active participation of the Soviet medical profession in international medical exchanges. The USSR has been one of the founders and active members of the World Health Organisation (WHO). Cooperation in medical research has been steadily expanding as more and more medical scientists have been taking part in the work of international and national medical congresses and symposia.

The 22nd Congress of the CPSU held in October 1961 was an important milestone in the history of this country. The Congress adopted a new Party Programme, a programme of communist construction. The new Party Programme set the tasks of building a powerful material and technical foundation of communism and of raising the living standards; it also gave prominence to the all-important task of improving the people's health and lengthening the life expectancy. The programme elaborated further the basic principles of Soviet public health, above all disease prevention and the state character of health services. In the words of the Programme, "The socialist state is the only state which undertakes to protect and continuously improve the health of the whole population. This is provided for by a system of socio-economic and medical measures. There will be an extensive programme designed to prevent and sharply reduce diseases, wipe out mass infectious diseases and further increase longevity."*

The programme provides for measures to meet fully the needs of the population in all types of

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* *The Road to Communism*, Moscow, 1962, p. 542.

qualified medical aid, to step up the construction of medical institutions and place the whole of the population under the surveillance of disease-prevention centres. That is the basic goal. All types of medical assistance, rational rest and recreation and hygienic education in the interests of a balanced development of physical fitness and spiritual make-up of Soviet people are to be improved. Medical science is called upon to concentrate on developing effective remedies to prevent and cure such diseases as cancer, virus and cardiovascular, and other dangerous diseases.

As the material and economic basis of the country's public health improved, and the training of qualified medical personnel expanded it became more important to give special attention to improving the quality of medical care. Priority was given to the construction of modern large hospitals and to enlarging the existing medical institutions, particularly those in rural areas. District hospitals of 250-400 beds were to be made the centres of qualified medical care. Specialisation was given particular attention as this was the main way to raise the quality of medical care and improve the training of medical personnel. In recent years the system of medical education has been improved and now young doctors, after graduating from the college, are given a course of practical training at large hospitals and clinics under the supervision of best specialists.

Economic and administrative changes, notably the enlargement of rural districts, also affected the administration of public health services. In those districts where there were formerly several district hospitals, one of them was made the central and its head doctor placed in charge of all the public health services in the district. Central

district hospitals retained their administrative and organisational functions providing qualified medical assistance to the population.

In 1965 doctors of all specialities totalled 554,000, while medium medical personnel numbered almost 1.2 million. The number of hospital beds exceeded 2,225,000.

The 23rd Congress of the CPSU held in April 1966 provided an added stimulus to efforts aimed at improving the country's health services. The Directives adopted by the Congress on the economic development plan for 1966-1970 called for the further expansion and improvement of the material and technical basis of the country's public health and medical science with a view to improving the quality of specialised medical care. The plan called for increasing the number of hospital beds in the country to 2,680,000 by 1970 (108 beds per 10,000 population), the number of doctors to 700,000 (28 doctors per 10,000 population); the medical industry was to boost its output by 70 per cent.

The session of the Supreme Soviet of the USSR of June 1968 which considered the state of medical care and measures to improve the country's public health system, was another milestone. Soon after the session, in July 1968, the CC of the CPSU and the Council of Ministers adopted a joint decision "On Measures to Further Improve Public Health and Advance Medical Science", which laid emphasis on the further improvement of the quality of medical care and public health. The decision set the task of reducing both the incidence of general sickness and of infectious diseases, the rate of industrial injuries and of improving working and living conditions, sanitary conditions and the functioning of treatment and sanitary and prophylactic institutions. The latest achievements in medical

science and in the field of scientific organisation of labour were to be introduced in the practice of the country's public health. To this end it was intended to expand the material and economic basis of the country's health service and to build large specialised hospitals and medical centres, including 31 clinical hospitals of 1,000 beds each and more, 22 cancer treatment and early-detection centres of 450 beds and more, 17 emergency aid hospitals of 600-1,000 beds and more, 19 hospitals providing restorative treatment of 500 beds and more, 9 similar hospitals for children and 125 large psychiatric hospitals. It was also intended to create new inter-regional and republican centres dealing with the basic types of specialised medical assistance, as well as to enlarge and modernise urban and rural hospitals, polyclinics and outpatient departments. Sanitary and epidemiological stations and units, and medical research centres were also to be expanded and re-equipped with up-to-date facilities. Close attention was to be given to long-term planning of the development of major areas and trends of medical science.

In 1969 a session of the USSR Supreme Soviet adopted an important document "The Fundamental Legislation of the USSR and Union Republics on Public Health". This legislation rested on the fundamental principles underlying the character, basic trends and functions of state and public organisations, including medical organisations and institutions, in their efforts to improve and safeguard the health of the nation. The legislation reflects the all-important goal of safeguarding the health of the Soviet people as the principal task of the Soviet state.

Since July 1, 1970, this legislation has come into force. The USSR Supreme Soviet has also passed the "Fundamentals of Legislation of the

USSR and Union Republics on Water Resources" and the "Fundamentals of Labour Legislation" which contained provisions bearing on environmental protection and labour protection and hygiene.

The policy of the Communist Party and the constant concern shown by the socialist state for the health of the people have combined to improve the country's public health system and raise the level of health among the population. In the number of doctors the USSR is far ahead of many of the industrialised capitalist countries. In 1970 the USSR had over half the doctors in Europe and over one-quarter of the world's total (668,400 doctors or 274 doctors per 100,000 population). The number of medium medical personnel in 1970 exceeded 2 million people, while the number of hospital beds totalled 2.7 million, 109 beds per 10,000 population.

Infectious and epidemic diseases were a thing of the past. Malaria and polio have been practically stamped out. The incidence of infant and other infectious diseases declined sharply. Compared to the 1913 level general mortality had gone down to one-fourth, while infant mortality had been reduced ten times. Average expectation of life had increased two times over (it reached 70 years compared to 32 at the end of the last century). The type and pattern of pathology had radically changed in response to favourable trends of the public health. A historically short period saw radical transformations affecting every facet of life in the Soviet Union. One of these was the emergence of a new historical community, the Soviet people who have scored signal success in economic development in scientific and cultural progress and in the construction of communism. As Leonid Brezhnev put it in a speech at a ceremony

Table 2

Trends in the Development of Public Health in the USSR in the period 1913 to 1971
(thousand, by the end of the year)

Number of doctors of all specialities	1913	1922	1940	1950	1960	1971
Number of doctors of all specialities	28.1	21.1	155.3	265.0	431.7	697.8
Number of medium medical personnel	46	73	472	719	1,388	2,195.3
Number of hospitals and other health centres	5.3	4.9	13.8	18.3	26.7	25.8
Number of hospital beds	208	193	791	1,011	1,739	2,727.3
Number of medical institutions providing services on an outpatient principle	5.7		36.8	36.2	39.3	36.6
Number of maternity centres, children's polyclinics and outpatient departments	0.009	0.3	8.6	11.3	16.4	21.3
Number of beds for expectant mothers and lying-in women	7.5	6.8	147	143	213	223

in Alma Ata to mark the presentation of the Order of Friendship among Peoples to the Kazakh SSR, "the Soviet people is not just the sum total of a number of nations living side by side in the same state, under the same roof, so to speak. Our people, irrespective of their nationality, have many common features which help to unite them into a monolithic entity. These features are identity of ideology and identity of historical destinies. They are identity of the conditions of their socio-economic life, of their basic interests and goals. They are the developing communion of Soviet socialist culture which assimilates all the real values of every national culture." *

The growing social homogeneity of the Soviet people has promoted the creation of an efficient public health system in the USSR. Rising physical and mental health standards exhibit a tendency towards their social uniformity, of which more later. The USSR has developed an impressive material and economic base supporting its public health system. The number of medical specialists in the USSR has greatly increased compared with the prewar and the postwar period (see Table 2).

The decision passed by the USSR Supreme Soviet in September 1972, "On Measures to Further Improve Environmental Protection and Rational Utilisation of Natural Resources" was a landmark event for the improvement of the country's public health system. The decision called for the implementation of a series of measures on nature conservation and environmental protection which had a direct bearing on improving public health standards. The need for

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* L. I. Brezhnev, *Following Lenin's Course*, Speeches and Articles (1972-1975), Moscow, 1975, p. 241.

environmental protection and nature conservation on both national and international scales prompted the USSR to envigorate its cooperation with other countries in this important matter. The active peace-oriented policy followed by the USSR has culminated in a number of agreements concluded between the USSR and the USA on environmental protection. These agreements also cover joint research programmes on sanitary and hygienic problems. The concern for environmental protection and nature conservation has been reflected in agreements on cooperation signed between the USSR and other countries as well as in the USSR's active participation in the work of the World Health Organisation.

Fruitful cooperation is developing between the USSR and the USA, France, Italy, Britain, Finland and other capitalist countries to solve top priority health problems in oncology, cardiology, virology et al.

This cooperation is carried on parallel with USSR's cooperation in the field of public health with other socialist countries and with developing countries.

The Directives of the 24th Congress of the CPSU outlined a broad programme of social measures aimed at improving living standards and public health in the USSR: real per capita incomes were to rise by some 30 per cent, the minimum wages and salaries of workers and office employees were to go up to 70 roubles a month, the social consumption funds were to increase by 40 per cent. The latter were to be spent on improving further the public health system, public education, to expand the training of personnel, to expand and improve the network of children's institutions, to increase pensions for workers, office employees and collective farmers and maintenance grants for students. The Direc-

tives also called for improving working conditions and safety measures.

Particular attention was given to the intensification of research in the field of biology and medicine with a view to improving preventive measures and treatment of cardiovascular, oncological and virus-induced diseases.

The Directives also provided for an increase in the output of the farmaceutical and medical equipment industries, improvement in preventive measures and the early detection of diseases and in treatment and nursing arrangements.

The 24th Congress also decided to further improve mother and child care. In particular the Directives called for the introduction of allowances for children in families with an average per capita income of under 50 roubles a month. They also contemplated increasing the number of days off with full pay given to mothers to enable them to look after a sick child, as well as a maternity leave with full pay for all working women irrespective of length of service and an expansion in the network of children's institutions. A wide range of preventive measures were planned to improve the sanitary conditions of dwellings, populated centres and the environmental protection.

The Directives pointed to the necessity of continued construction of large specialised and general hospitals, polyclinics and treatment and disease-prevention centres with a view to improving the quality of specialist medical services to meet fully the needs of the population. The Directives also called for expanding the network of first-aid ambulance stations and of sanitary and epidemiological stations. The number of hospital beds was to reach 3 million by 1975. Hospitals and other health centres were to be equipped with up-to-date apparatus and

instruments, and the meals for the inpatients were to be improved. The number of medical doctors was to be increased to 800 thousand.

The Directives of the 24th Congress of the CPSU have since been fully implemented. As of January 1972 spending on feeding arrangements and medicines for hospitals was increased. On September 1, 1972 the salaries of doctors, school teachers and teachers of nurseries and kindergartens were increased. As of December 1, 1971 maternity grants were increased. On November 1, 1974 allowances for children in low income families were introduced. As of December 1, 1974, each mother has been entitled to seven days off from work with pay for looking after a sick child.

The USSR has made good progress in creating a developed socialist system of public health featuring high standards of health protection and medical care. The specialisation of all kinds of medical services developed at a rapid rate and the number of new general and specialised hospitals and health centres increased with every year. In 1971 a total of 39 large hospitals were completed; in 1972—45, in 1973—50, in 1974—70; and in 1975, a total of 82 hospitals were built including 30 hospitals with 1,000 beds and more and 52 hospitals with 600-1,000 beds each.

Academician Boris Petrovsky, the Minister of Health, later reported that among the large hospitals built in fulfilment of the Directives of the 24th Congress of the CPSU were hospitals with a combined total of 1,518 beds in Gorky, 1,200 beds in Tbilisi, 938 beds in Alma Ata and 1,000 beds in Leningrad, Kalinin, Rostov-on-Don and Tula. A hospital with 1,700 beds complete with a polyclinic servicing 1,200 patients per shift is going up in Novosibirsk and another one for 1,204 beds in Tashkent. A hospital with 3,000

beds, the largest in the USSR and in Europe, is being completed in Moscow. This hospital is attached to the Second Moscow Medical Institute named after N. I. Pirogov. Hospitals for medical rehabilitation are being built in addition to 54 emergency aid hospitals integrated with ambulance stations.

A large number of specialised health centres have been opened attached to various medical institutions, such as heart surgery, vascular surgery, nephrological and kidney transplant centres. Health centres were created for catering for patients with bad burns, and also neurosurgery, allergology, pulmonology and gastroenterology centres. In 1975 Europe's largest hyperbaric oxygenation centre was commissioned in the USSR. Moscow is building Europe's biggest cardiological and oncological complexes. The number of polyclinics and outpatient departments with specialised sections and facilities has grown. In the ninth five-year period alone new polyclinics servicing 566 thousand patients were opened.

For lack of space we are not going to describe in detail all the hospital and health centres commissioned during the ninth five-year period which improved the specialist medical services and medical care in general. Twenty-five children's hospitals with an aggregate of 3,170 beds were completed in addition to children's polyclinics servicing 4,280 outpatients per shift. Another 35 children's hospitals with a total of 9 thousand beds and polyclinics servicing 5,000 outpatients per shift are under construction.

The material and economic base of the sanitary and epidemiological services conducting large-scale preventive work has been improved markedly. Within the ninth five-year period a total of 300 new buildings were built for the

benefit of the various sanitary and epidemiological stations. They were also supplied with up-to-date equipment and laboratories.

The targets of the ninth five-year plan for the output of medicines and medical equipment were fulfilled. Compared with the previous eighth five-year period the sales of medicines and medical equipment increased by 43 per cent and totalled an astronomical sum of 8.3 thousand million roubles. A total of 2.15 thousand million roubles worth of medical equipment and instruments were produced and turned over to the country's hospitals and health centres.

The number of medical scientists and teachers of medical colleges has been growing particularly rapidly. In 1975 they totalled 68 6 thousand including 6.7 thousand doctors of medicine and 38.8 thousand candidates of medical science. These are all highly qualified specialists and their total number exceeds the number of all doctors in pre-revolutionary Russia by 2.5 times. They are on the staffs of over 400 medical research institutes and medical colleges working on the pressing health problems.

The social and economic policy of the Soviet Communist Party and the Soviet Government has resulted in a further improvement of public health services in the country. The USSR continued to feature a pattern of population pathology characteristic of economically developed countries but the rate of improvement of health standards and the structure of their indices were much higher and the tendency towards the social uniformity of public health was increasingly pronounced because of the absence of sharp contrasts in the health standards of different sections of the population due to different social background and level of material well-being. In the industrialised capitalist countries these social

contrasts continue to be a feature of their public health situation.

By 1975 the birth rate in the USSR had risen somewhat (a total of 4,546 thousand live births were recorded, an average of 18 per 1,000 population). The mortality rate was low at 8.7 per 1,000 population and the average expectation of life for both sexes averaged 70 years.

Encouraging progress has been made in the control of such formidable diseases as malignant tumours and cardiovascular diseases which are major health problems today. In the last 7 to 8 years the trend was towards a declining incidence of cervical carcinoma and malignant tumours affecting the stomach and the esophagus. The efficient organisation of the country's anti-cancer service made it possible to prolong the lives of many cancerous patients. As of January 1, 1975, a total of 1,775 thousand patients were registered by the country's oncological treatment and early-detection centres. Treatment of a number of cardiovascular diseases improved and the mortality rate from these declined. An estimated 85 per cent of patients who had survived the myocardial infarction returned to active lives.

The 25th Congress of the CPSU summed up the results of the Party's work in the ninth five-year period and outlined new historic targets for the next five years. The Congress approved the guidelines for the development of the USSR National Economy for 1976-1980. The relevant document emphasised that the prime objective of the ninth five-year plan was to consistently implement the Communist Party's policy of improving living and cultural standards on the basis of a rapid and balanced development of social production, improving its efficiency, accelerating scientific and technological progress.

boosting labour productivity and improving efficiency throughout the national economy.

In conformity with the guidelines of the ninth five-year development plan new targets were set for the country's public health system. Measures were worked out to improve the specialist medical services and preventive measures, to expand the network of treatment and prophylactic institutions, to build new large general and specialist hospitals, health centres and polyclinics fitted with up-to-date equipment, to develop the network of sanitary and epidemiological stations and to meet fully the needs of the population in effective medicines, nursing aids and medical equipment as well as to improve the training of medical personnel.

It is planned to increase the total hospital bed stock to 3.3 million by 1980 to reach the goal of 125 beds per 10,000 population. It is also planned to train more doctors, pharmacists and medium medical personnel. Soviet medical scientists are to intensify research into the pressing medical and biological problems, particularly in the field of molecular biology, the control of cardiovascular, oncological, endocrine, virus, occupational and nervous diseases, and work out recommendations for improving working conditions and for a rational diet.

Speaking at the 25th Congress of the CPSU, Leonid Brezhnev, the Party's General Secretary, stated: "No social task is more important than concern for the health of Soviet people. Our achievements in this area are universally known. But we must also see the problems in this field. They are linked with the improvement of the organisation of medical care, the enlargement of the network of hospitals and polyclinics and the growth of the output of medical equipment and highly effective medicines. They are also linked

with further progress of medical science and with an energetic drive against the most dangerous diseases. Much has to be done to improve mother and child care and enlarge the network of health resorts, holiday homes and holiday hotels."*

There is no doubt that the tasks facing the Soviet public health service will be fulfilled.

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* *Documents and Resolutions. XXVth Congress of the the CPSU*, pp. 49-50.

Chapter Three

SOCIALISM MEANS PUBLIC HEALTH

The rising standards of living in the USSR, the rapid economic and cultural progress have combined to improve the health standard of the Soviet people within a short period historically. General and infant mortality rate have dropped and the average expectation of life has doubled compared to the pre-revolutionary level. The state of health of the Soviet people has improved so impressively that one can safely speak of a profound transformation of the type and pattern of pathology. Whereas before the October Revolution the general pattern of pathology of Russia's population was dominated by the high incidence of the infectious diseases including epidemic diseases, today the pattern of pathology in the USSR is distinctly non-epidemic. This means that infectious and parasitic diseases have been replaced in the structure of morbidity and mortality by non-epidemic diseases most of which are chronic. For this reason as well as for a number of other reasons general and infant mortality rates have declined and as a result the average expectation of life has increased.

It would be in order at this point to examine more closely the processes mentioned above as they are of tremendous importance not only for an analysis of the state of the nation's health but also for an assessment of the performance of the Soviet Union's public health system.

DECLINING DEATH RATE

The general death rate expressed in the number of deaths per one thousand population within a year gives an idea of changes in the state of public health over long periods of time. This is a particularly telling indicator of public health in those countries which lack efficient statistical services and where infectious and parasitic diseases which are often fatal are widespread. In the case of such countries the general death rate is often the sole guide to determining the pattern of pathology of their populations.

At present, the general death rate in economically developed countries ranges between 8 and 13 per thousand of population. In the 60 years since the establishment of the Soviet state there has been an impressive decline in the general death rate. Whereas in 1913 the general death rate was 29.1 and in 1940—18, in 1950 it dropped to 9.7. In 1975 it stood at 9.3. True, since 1960 there has not been a noticeable reduction in this indicator which is attributable apparently to the impact of a variety of factors at work both in the USSR and in most of the industrialised countries of the world, in particular to the aging of the population. Nonetheless in terms of the general death rate the USSR is better off than other economically advanced countries. Thus in 1975 Austria's death rate was 12.7, Belgium's—12.0, the FRG's—12.2, France's—10.4 and Britain's—11.9.

The infant mortality rate declined in the USSR even more rapidly. Whereas in 1917 Russia had the highest infant mortality rate at 269 per thousand live births (all infant deaths occurred within the first year of life), at the present time the USSR is among countries with the lowest level of infant mortality. The rate of decrease of

infant mortality in the USSR illustrates well the overall improvement of public health that has occurred. In 1940 infant mortality rate in the USSR was still very high at 182 per thousand of live births. In 1950 it dropped to 81, in 1955 to 60 and in 1960 to 35; in 1974 infant mortality in the USSR was only 27.9 per thousand of live births. Thus in the space of 60 years infant mortality has declined almost 10 times, and as compared with the 1940 level—by 7 times.

Owing to the steep decline in the mortality rate, including the fairly rapid reduction in the perinatal rate (mortinatality plus infant death rate within the first week of life),* the average expectation of life has increased to reach 70 years for both sexes (74 for women and 64 for men). It should be noted that the average life expectancy rose fairly intensively after 1917 and registered 44 years for both sexes between 1926 and 1927 and 69 years in 1958-1959.

Table 3

Birth Rate, Mortality and Natural Population Growth

Year	Per 1,000 population		
	Births	Deaths	Net increase
1913	45.5	29.1	16.4
1940	31.2	18.0	13.2
1950	26.7	9.7	17.0
1960	24.9	7.1	17.8
1970	17.4	8.2	9.2
1975	18.1	9.3	8.8

* In most industrialised countries the perinatal rate equals 18-20 per 1,000 live births. In the Soviet Union it does not exceed this figure; moreover, as special surveys conducted in a number of cities, particularly in those built after the October Revolution, revealed, the perinatal rate vacillates between 11 and 14.

Despite the drop in the birth rate in the USSR from 45.5 in 1913 and 31.2 in 1940 to 18.1 in 1975 thanks to the sharply reduced mortality rate, the natural population increase stood relatively high in recent years at 8-10 per 1,000 of population. Table 3 above summarises the basic demographic trends in the Soviet Union.

The data cited in the table, however, on their own cannot give a full idea of the sort of changes that have occurred in the state of public health in the USSR. These data should be supplemented. Of great importance today is not only the death rate but the structure of the death rate with a break-down by the various causes of death.

As in most economically advanced countries the main causes of death in the Soviet Union today include chronic, non-epidemic diseases, above all cardiovascular disorders and malignant tumours. These diseases alone account for over half of all deaths in any given year. Recent statistics indicate that cardiovascular diseases and disorders of the central nervous system account for roughly 50 per cent of all deaths. Malignant tumours account for 18-19 per cent. Soviet statisticians have recorded relative increase of deaths attributable to the cardiovascular diseases and malignant tumours in recent years. However, it is safe to assume that the number of deaths brought about by these two groups of diseases would not have increased had there been no increase in the average expectation of life and the change in the sex structure of the country's population. This observation emphasises the importance of changes now occurring in the demographic situation as a result of which people in the Soviet Union live longer.

Despite the impressive advances of modern medical science and progress in the methods of treatment of cardiovascular and other chronic

diseases they are still the main killers of the elderly and the aged. Indeed cardiovascular diseases and malignant tumours carry off 20 to 30 times more people in the age group 60 years and above than in the age group 25 to 30 years. This means that as the population grows older, the importance of these diseases as the cause of death increases and therefore the general mortality rate in the USSR, which slowed down and remained stable over a number of years, has shown a slight increase recently (this applies to the situation in other economically advanced countries as well). Thanks to the ever more efficient anti-cancer service and the use of the successful multidirectional methods of treating malignant tumours, there has been in recent years a trend towards a decline in the incidence of some types of tumour, notably those affecting the stomach, the esophagus and servical carcinoma, and in the number of deaths caused by them. The death rate attributable to these is 20-25 per cent lower in the USSR than in other economically advanced countries. What is more Soviet doctors have managed to extend the lives of cancerous patients: 800 thousand patients have survived cancer for 5 years and longer after a course of treatment, another 400 thousand have survived cancer for 10 years and longer. The death rate from myocardial infarction has declined, too; 85 per cent of those who have survived the infarction have returned to active lives.

Examining other causes of death it should be noted that in most economically advanced countries the pattern is similar: cardiovascular diseases and malignant tumours, the main killers, are usually followed by accident deaths, notably due to injuries, by the flu and pneumonia, by metabolic disorders, notably diabetes mellitus, by diseases of the liver, TB, and congenital

defects (malformations). The share of infectious and parasitic diseases including TB as causes of death has shrunk to 1-4 per cent.

Much the same situation prevails in the USSR where cardiovascular diseases and malignant tumours are followed by injuries, respiratory diseases, diseases afflicting the newborn, gastric disorders as major causes of death. Infectious diseases including TB are at the bottom of the scale.

Notable changes have occurred in the structure of infant mortality, changes that reflect positive shifts in this important indicator of a nation's health.

Thanks to the dramatic decline in the incidence of infectious and parasitic diseases and to the success of neonatal prophylaxis and other effective measures, diseases peculiar to the newborn are now the main killers of infants rather than pneumonia and gastro-intestinal disturbances (dyspepsia) which were the main causes of infant deaths up to 1960. The ratios of infant deaths in different periods within the first year of life have also changed. Today over half of all infant deaths occur within the first month of birth (the so-called early infant mortality); 60 per cent of deaths occur within the first week of life. Formerly early infant death accounted for one-third of all infant deaths within the first year of life. This once again proves the importance of measures aimed at preventing and reducing the incidence of infectious diseases afflicting infants, dyspepsia and some others, which formerly were the main causes of infant death.

DECLINING SICK RATE

To a certain extent statistical data on causes of death among a country's population reflect the

overall sickness situation, i.e. the prevalence of different diseases.

In view of the difficulty of keeping full record of all cases of illness we shall confine ourselves to statistics relating to overall sickness situation. Compared with the period 1926-1928 when the USSR carried out the first mass surveys of overall sick rate, this major indicator of the health of the nation has been reduced by more than half by 1976, due to a sharp decline in the incidence of infectious and parasitic diseases. The following statistics illustrate the decline in the spread of infectious diseases which formerly caused a high death rate among the children. In 1966 compared with the 1940 level infant deaths in the towns and cities within the first year of life declined by 402 times in the case of diphtheria, by 347 times in the case of scarlet fever, by 139 times in the case of whooping-cough, by 77 times in the case of TB, by 70 times in the case of measles, by 38 times in the case of toxic dyspepsia, gastroenteritis and colitis, by 20 times in the case of dysentery and by 7 times in the case of pneumonia. The table below illustrates the trend.

Thanks to the impressive social and economic progress it has achieved and to the improvements in the medical services the Soviet Union has been able to eradicate a number of acute infectious diseases which used to be widespread. In 1922 a total of over 76 thousand cases of smallpox were registered in the USSR. Through compulsory vaccination smallpox had been eradicated by 1936. In 1922 some 1,400 thousand cases of typhus were registered in this country. In 1940 only isolated cases of typhus were reported. Compared with the 1922 level the incidence of typhoid fever had dropped to a third by 1940. Cholera and plague had been stamped out within

the first years of Soviet power. The eradication of malaria and trachoma was an outstanding achievement for the Soviet Union's public health system.

Table 4

The Incidence of Infectious Diseases Between 1940 and 1975 (per 100,000 population)

Disease	1940	1960	1965	1970	1975
Typhoid and paratyphoid fevers A_1 B_1 C	62	22	11	9	10
Scarlet fever	129	313	230	194	142
Dyphtheria	91	25	2	0.5	0.1
Whooping cough ..	232	259	82	16	6
Tetanus		1.1	0.6	0.3	0.2
Acute polio	0.7	3.3	0.13	0.11	0.05
Measles	605	972	923	194	143
Infectious hepatitis (Botkin's disease)		239	204	167	276

The incidence of children's infectious diseases has been greatly reduced, too. Dyphtheria and polio which as recently as the 1950s were a major health problem, have been practically stamped out. In 1968 as few as 120 cases of polio were registered. The following statistics give a good idea of the rapid decline in the incidence of infectious diseases in the USSR: between 1960 and 1965 alone the incidence of polio dropped by 50 times, that of dyphtheria by 30.7 times, that of tularemia which by 1960 had declined by over 1,000 times compared with the 1940, declined further by 4.2 times in the subsequent six years. The incidence of tetanus went down by 2.1 times and that of brucellosis by 2.6 times.

In the ten years between 1965 and 1974 the incidence of dyphtheria went down by 18.5 times,

that of polio by 2.6 times, that of whooping-cough by 6.7 times, of measles by 6.2 times, of typhoid fever by 1.3 times and of scarlet fever by 1.6 times.

Virus-induced diseases, and notably the flu, are still widespread. The flu, tonsillitis and other acute respiratory diseases in the USSR as in many other economically advanced countries are still the prime causes of overall morbidity. In this respect the pattern of morbidity does not coincide with the pattern of mortality in which chronic, non-epidemic diseases hold first place.

In recent years, however, a tendency has developed towards a convergence between the structure of mortality and the structure of morbidity. Cardiovascular diseases and other chronic non-epidemic conditions are increasingly becoming the main causes of both, something that indicates the transformation of the pattern of pathology which is a logical sequel to ongoing changes affecting the state of the nation's health. So far, however, as records of the number of patient visits to hospitals and health centres indicate, the flu, tonsillitis, catarrh of respiratory tracts which are the prime causes of overall morbidity are followed by the diseases of the ear, throat and nose, acute and chronic otitis, gastro-intestinal disorders and eye diseases, notably conjunctivitis. These diseases together account for 70-80 per cent of all cases of sickness.

The picture of the incidence of diseases that emerges from an examination of the case histories and records kept by urban hospitals and polyclinics is not entirely accurate or complete. According to the evidence provided by specialists studying the prevalence of various diseases among different sections of the population,

including rural dwellers, a somewhat different order of priority of diseases emerges. Thus a mass survey conducted among the rural population by a team of experts from the USSR Institute of Social Hygiene and Public Health Organisation indicated the flu, catarrh, tonsillitis and some other infectious diseases as the prime causes of sickness among the rural population; then follow diseases affecting the digestive organs, the mouth and teeth, heart and cardiovascular diseases, and finally injuries and respiratory diseases.

Needless to say, sick people do not always seek doctor's help, especially if it is a chronic condition. To identify such cases investigators increasingly resort to supplementary methods, notably overall examination campaigns carried out by large teams of different medical specialists, as well as comprehensive social and hygienic surveys, expert commissions and other methods of conducting an indepth survey of the state of health in a community.

It has been established by Soviet medical statisticians that roughly one-third of the total of visits to medical institutions fail to be properly registered. This is particularly true in the case of the chronic sick. In order to have a full and true picture of morbidity in a community, it is necessary to keep records of all cases, and also to register the incidence of sickness of chronic nature which is not now reported by the sufferers.

Recent surveys of the overall morbidity of the Soviet Union's population show that this indicator of the state of public health now ranges within different social groups covered by the surveys from 600 to 1,300 cases per 1,000 of population in any given year. It should be borne in mind that as health services expand and the quality of health care improves, the number of

registered cases of illness goes up and the likelihood of detecting all cases of disease increases, which may give a false idea of the actual trend in overall morbidity. The actual position is that the level of overall morbidity in the USSR has significantly declined compared to the situation in the 1920s thanks to the eradication of some and effective control of other infectious and parasitic diseases.

Although the study of the nation's overall morbidity remains perhaps the most difficult task facing medical statisticians, nonetheless the evidence of recent sample surveys indicates that some types of disease are still widely spread in the capitalist countries. According to official statistics, a total of 2,230 acute cases of sickness have been registered per 1,000 of population in the USA,* of which over two-thirds were infectious and parasitic diseases, such as the flu and catarrh of the respiratory tracts. A major sample survey of the prevalence of acute conditions carried out in the United States between 1961 and 1962 identified a huge number of 401,851,000 cases a year, including 49,123,000 infectious and parasitic diseases and 230,805 diseases of the respiratory tracts, including the flu.**

Changes in the pattern of overall morbidity and its declining trend in the USSR have altered the structure of morbidity on a national basis and produced a decline in the sick rate leading to temporary disability. Thus, within 1974 alone the sick rate involving temporary disability declined by 9.7 per cent in terms of all cases registered and

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* Statistical Abstract of the United States, Washington, 1963.

** *Acute Conditions Incidence and Associated Disability. United States, July 1961-June 1962.* Vital and Health Statistics, U.S. Department of Health, Correlation and Welfare, Washington, May 1963.

by 4 per cent in the number of days of work lost through illness.*

A few words now about an indicator which unfortunately is rarely used in assessing the state of public health. In our opinion this indicator is of special importance and is very promising, as it shows the benefit of timely disease prevention and social measures contributing to better public health. This is what is known as the "health index" and is the percentage of people in a community who have not fallen ill in any given year. Clearly, this index is one of the most eloquent indicators of the state of public health, a positive indicator unlike the majority of other indicators which reflect the negative aspects of public health, such as mortality and morbidity rates. In the Soviet Union this index is increasingly being used to assess the health standards of the country's children. According to the evidence of surveys conducted by Soviet investigators the health index is steadily rising. A special survey conducted in Moscow in 1953 showed that the health index of children within the first year of birth stood at 14 per cent. More recent surveys have yielded a far higher percentage. Surveys conducted in Moscow, Leningrad, Kaluga and other cities between 1965 and 1975 showed that the health index stood at 26-29 per cent, which means that over a quarter of all the children covered by the surveys were perfectly healthy and did not fall ill even once within the first year of life.

The health index is being increasingly used in assessing the state of health among adults as well. Thus, a recent survey conducted among the workers of some of Moscow's factories and

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* B. V. Petrovsky, "Successes of Soviet Health Service during the Ninth Five-Year Period", *Meditsina*, 1976, p. 148.

plants indicated that 25-30 per cent of the aggregate work force did not seek medical attention at all throughout the year.

The health index, apart from its statistical value, reflects the success story of the health services in the USSR.

IMPROVING PHYSIQUE

Numerous surveys conducted in the Soviet Union in different periods testify to an improving of all the parameters of the physical development of children, adolescents and other population groups. Those of them which make it possible to compare the data of anthropometric measurements taken among the inhabitants of a particular locality in different periods are of special value. Here are the results of one such survey. According to the evidence of well-known medical scientist F. F. Erisman who studied the physical development of adolescents in the small factory town of Glukhovo outside Moscow, in 1880 the average height of 15-year-old boys was 141 cm. According to the data obtained by G. P. Salnikova and her team, who studied the physique of adolescents in the same factory town 82 years later, the average height of 15-year-old boys was 162 cm, an increase of 21 per cent. According to Erisman, in 1880 the boys grew faster than the girls only at the age of 16. Salnikova's data showed that they did so at 14. According to Erisman, the girls outgrew the boys at 12, while according to Salnikova—at the age of 10.

Similar statistics can be cited in respect to other parameters, such as weight, chest expansion etc. But even the data we have cited above seem sufficient to prove that there has been a significant improvement in the physical develop-

ment of children and adolescents. If we examine the trend of physical development over shorter periods of time we will still see a notable improvement of all the parameters of physical development, not just in the central European parts of the USSR, but also in the outlying areas with severe climate and generally unfavourable conditions for human habitation. Thus, a survey conducted in the city of Murmansk inside the Arctic Circle in 1964 showed that, compared to 1947, the average height of 15-year-old boys had increased by 12.3 cm, while that of girls at the same age—by 12.7 cm. The average weight of the boys had increased by 8.35 kg, while that of girls—by 11.4 kg. Similar data were obtained by surveys of the physical development of children and adolescents conducted in Norilsk and elsewhere in the Far North of the USSR.

The improvement within a relatively short span of time in the basic parameters of physical development among children and adolescents has been so impressive both in the USSR and in the rest of the world that it has come to be known as acceleration, meaning accelerated physical development. Acceleration is the subject of many scientific papers and research projects and has produced a spate of hypotheses purporting to explain the underlying causes.

The problem of acceleration merits special attention for which we lack space here, and so we would like to merely emphasise that according to most surveys of physical development of the USSR's population, no significant differences in the basic parameters of physical development attributable to property and social status of the population have been established. All population groups—workers, office employees, farmers, as well as people living in different parts of the

country—show a clear trend towards improving parameters of physique.

The same cannot be said about the situation in some of the capitalist countries where significant differences in the physical development of the population and even in the other basic indicators of public health attributable to social causes still persist.

THE FAST IMPROVEMENT OF PUBLIC HEALTH IN THE USSR AND ITS SOCIAL UNIFORMITY

A scientific analysis calls for assessing social phenomena against the historical background. If this approach is adopted to an assessment of the indicators of public health, we shall see that, though at the present time these indicators in the USSR, other socialist countries and in the capitalist countries are much the same, sharp differences existed in the recent past. Thus, overall mortality rate in the USSR has been reduced to a quarter since the October Revolution. The mortality rate in most economically advanced capitalist countries has declined at a far slower pace than in the USSR. In the USA there has been a decrease of 1.6 times, in Britain—1.2 times, in France—1.6 times, and in the FRG—1.5 times.

The infant mortality rate has dropped in the USSR by over nine times since 1917 which compares with a four-fold decrease in the USA and a 5.5 times decrease in Britain and France. The average life expectancy in the Soviet Union has increased at a far higher rate than in the economically developed capitalist countries. Thus, since 1913 the life expectancy in the USSR has more than doubled (from 32 to 70 years for

both sexes), while in Britain and the USA there has been a 1.3 times increase. Even if we compare the rising trend of this indicator in a number of countries taking the same level as our point of departure, even then the USSR leads the rest of the world. In 1926, that is, over 50 years ago, the average expectation of life among men of 60 in the USSR and some industrialised countries of the West was roughly the same (13-15 years). In 1976 this indicator had risen by over five years in the USSR, while in France, USA and Sweden it has increased by a mere 1-2 years.

However, faster growth rates is by no means the only criterion which should be taken into account in assessing the state of public health in countries with different social systems. Other criteria such as the prevalence of disease, especially of those diseases which are caused by social factors, living conditions, psychic and emotional reactions and above all by neuropsychic factors, are acquiring increasing importance. Not surprisingly deteriorating mental health of the population is now the health problem Number One in the USA and the other capitalist countries. Studies by Soviet and foreign investigators indicate the existence of substantial differences in the incidence of neuropsychic diseases, notably of psychoses in economically developed socialist and capitalist countries. Professor B. D. Petrakov who has compared the data for most of the European capitalist countries and the USA has concluded that the industrialised countries of the West have the highest incidence of neuropsychic diseases (an average of 107 mental cases per 1,000 of population). Even if we eliminate from this statistic all disputable cases of psychosomatic disease, the incidence of neuropsychic diseases is still very high at 72 cases per 1,000 of population. By contrast, their

incidence in the socialist countries of Europe stands at 37.7 cases per 1,000 of population.

A major method of assessing the state of public health, a method that makes it possible to identify the dominant trend and pattern is the study of the state of health of different social groups and classes in a country. This method makes it possible to disclose "the social anatomy" of the indicators of public health. In other words it enables the investigator to go beyond the limits of average figures which are so typical of conventional coefficients.

As different segments of a country's population inevitably enjoy varying levels of economic welfare, varying standards of living, as they work in different conditions, spend their leisure and holidays in differing environments, it is only to be expected that different groups will exhibit different levels of health. This assumption is borne out by the evidence of social and hygienic studies which indicate fluctuating levels of health among different population groups depending on their living and working conditions, material welfare, cultural levels, etc. However, in recent years many Soviet investigators have been unable to report sharply contrasting, let alone polarised levels of health in different social groups within the USSR's population.

While conducting our own surveys, which were initiated by the chair of social hygiene at Moscow's Second Medical Institute, we often found it difficult to correlate the data relating to the specific social factors and the indicators of public health. This was particularly true of our efforts to determine the impact of the level of economic well-being on the state of health of particular social groups. We were unable to identify substantial differences in the frequency of visits to medical institutions by members of

different social groups depending on their income.

On the basis of the evidence of a survey that covered several thousand families we are able to state the absence of significant fluctuations in the health indicators and in particular in the overall morbidity rate depending on the level of material well-being. Such differences were found to be totally absent or varied within narrow limits (usually 15-25 per cent when comparing extreme income groups).

For the purposes of our survey all the people covered by it were divided into several income groups including a group with a per capita income of 60 roubles a month, another with a per capita income of 60-90 roubles and a third group with 120 roubles and more per capita.

Much the same picture emerged from surveys conducted among different groups of factory workers, office employees and students. Over the past ten years sufficient data have been obtained which show the growing uniformity of health indicators relating to different social and class groups with varying levels of per capita income.

This question calls for special treatment and for lack of space we will confine ourselves to giving a few typical examples. L. S. Temicheva in her *Morbidity Involving Temporary Disability Among Skilled Male Factory Workers in the Course of Employment and Everyday Life* (1970), writes that she was unable to identify any significant differences in the level of sickness leading to temporary disability depending on per capita incomes (her survey covered income groups with a per capita income lower than 80 roubles a month and over 80 roubles). K. A. Otdelnova at the end of a survey of the chronic sick and of the frequently sick (1969) reported much

the same situation. Otdelnova's survey covered four income groups, depending on the size of per capita income.

G. N. Shkurin in his survey of the health of the workers of a factory (1972) established that the series of indicators such as frequency of seeking medical assistance, sickness rate involving a temporary disability, the number of people who did not fall ill at all throughout the year and the proportion of the chronic sick did not depend on the level of material well-being of the families covered by the survey. Such differences as were identified among members of the families in the four different income groups covered by the survey were too insignificant to be statistically reliable.

M. B. Alexandrova in her 1972 monograph showed that the morbidity level of women textile workers at a large textile mill with a per capita income of up to 60 roubles a month differed but little (approximately by 10 per cent) from the similar indicator relating to another group of women whose families have a per capita income of 80 roubles and more.

Similarly insignificant differences were identified by a 1974 survey of the morbidity rate among women telegraph operators, a survey of workers and office employees of a copper-smelting plant conducted in 1973, a survey of coal miners at an open cut mines conducted in 1971 and a survey of the health of schoolchildren conducted in 1971.

A comprehensive social and hygienic survey of the state of health of women textile workers at a major textile mill conducted by N. G. Dogle in 1971 established that the levels of morbidity leading to temporary disability among spinners, weavers and office employees did not depend on the size of per capita income and were roughly

the same for workers with per capita income of under 60 roubles and those with 60 and 70 roubles and more.

Recent surveys indicate similar rates of acceleration among children living in different parts of the Soviet Union and belonging to different nationalities, and again the absence of any significant differences that could be attributed to social causes.

It is therefore safe to claim that there is a clear trend towards increasing social uniformity in the basic indicators of public health in the USSR. Nor is this surprising. The relative social uniformity of public health standards in the USSR is the direct result of the socio-economic changes put through in the Soviet Union and other socialist countries, of the rapid improvement in the economic and cultural standards of the Soviet people and of the favourable changes that have occurred in the Soviet Union's social structure.

The efforts of the Soviet Communist Party and Government are aimed at a steady improvement in the material and cultural standards of the working people, at accelerating the convergence of the working class, the collective farm peasantry and the intelligentsia, at levelling out the social structures of different nations and nationalities inhabiting the USSR, and the gradual elimination of essential distinctions between town and country and between mental and manual labour.

A new historical community of people has emerged in the Soviet Union—the Soviet people. The process of increasing social uniformity of Soviet society is continuing. As Leonid Brezhnev put it in his report to the delegates of the 25th Congress of the CPSU, a solid alliance of all the classes and social groups, of nations and

nationalities has emerged and has been consolidated in the USSR.*

Apart from steadily increasing personal incomes (average monthly wages and salaries of workers and office employees reached 146 roubles in 1975), each working man and woman in the USSR receives an additional 50 roubles a month out of the social consumption fund which totalled 80,000 million roubles in 1976. People with a monthly wage of under 146 roubles receive additional aid from the public consumption fund. This contributes to narrowing the gap in the standard of living available to different income groups. As living and cultural standards of the population steadily rise and the Soviet society exhibits increasing social uniformity, the insignificant differences existing now in the health of different social groups and strata of the population will be eliminated completely.

The trend towards social uniformity of public health is becoming increasingly pronounced when we compare the indicators of the health of different social groups of the USSR's population and those of the industrialised capitalist countries depending on the size of per capita income.

Table 5

(per 100,000 population)

Social class	Number of cases
I-II. Industrialists, bankers, etc.	188
III. Executives, "workers' aristocracy"....	291
IV. Skilled workers	518
V. Unskilled workers	1,505

* See *Documents and Resolutions. XXVth Congress of the CPSU*, p. 98.

The social contrasts are sharpest when we compare the incidence of mental diseases among the well-off and the needy in capitalist countries. Table 5 above shows the incidence of mental diseases among members of five different social classes in New Haven, USA.

The surveys conducted by Professor B. D. Petrakov who drew on a large body of relevant material from foreign sources show no less sharp contrasts in the incidence of mental diseases attributable to social causes. According to official British statistics, the incidence of schizophrenia among members of different social and occupational groups varies widely (see Table 6 below).

Table 6

The Incidence of Primary Cases of Schizophrenia Among Men of 20 and Over Belonging to Different Social and Occupational Groups in England and Wales
(per 100,000 of the male population)

Social group	Trade and profession	Number of cases
I	Company directors, bank managers and executives	80
II	Judges, lawyers and journalists	170
III	Top engineers, research scientists	200
IV	Average for England between 1949 and 1953	164
V	Dock workers	240
	Porters at railway stations	290
	Kitchen staff	960
	Unskilled workmen	2,150
	Average for England Between 1949 and 1953	641

Wide disparities in the indicators of public health springing from varying levels of economic well-being have been identified during surveys of the incidence of other diseases. Thus, according to the evidence of one such survey, the

incidence of acute conditions among the unemployed and their families was 50 per cent higher (163 cases per 1,000 of those covered by the survey), than among those with an annual income of 3,000 dollars and more, while the difference in the incidence of chronic diseases was almost a hundred per cent (71 cases per 1,000 population). Even wider disparities in the incidence of chronic diseases have been found by surveys of the chronic sick with an annual income of $2,000 (21.1 per cent of all those covered by the survey) and those with an annual income of $7,000 and more (6.7 per cent).

The disability rate due to heart diseases in the United States was found to be 20.3 cases per 1,000 of those covered by the survey. This compares with 53.8 cases among members of the fifth social class, unskilled workers and 11.9 cases among members of the first social class, the well-off. Hypertension cases among members of the fifth social class totalled 23.8 per 1,000 of those covered by the survey, and only 3-9 among the first social group.

The well-known statistician W. Logan has provided evidence of substantial difference in the mortality rate from diseases including cancer where social factors seem to be irrelevant (see Table 7 below).

These and similar examples indicate the existence of sharp social contrasts in the levels of public health in capitalist countries. Statistics show a great social non-uniformity of public health in capitalist countries on the one hand and a clear tendency towards the social uniformity of public health standards in the USSR and other socialist countries. The growing social uniformity of public health coupled with a more rapid rate of improvement of the basic indicators of public health and other relevant factors are a clear

Table 7

Standardised Mortality Rates from Certain Diseases Among Members of Different Social Groups in England and Wales (age group of 20-64, per 100,000 population)

	Social group				
	I	II	III	IV	V
Males					
TB	58.0	63.0	102.0	95.0	143.0
Bronchitis	33.0	53.0	97.0	103.0	172.0
Cancer of the stomach	57.0	67.0	100.0	114.0	132.0
Married women					
Cervical carcinoma	61.0	69.0	98.0	109.0	150.0

evidence of the tremendous potential of the socialist system in safeguarding and improving public health.

An approach to public health and its assessment as a social category, a historical process, proves its dependence on prevailing social conditions which in turn are determined by the character of the dominant social system. Such an approach debunks the assertions of Western propagandists and ideologists to the effect that we are living in an age of "diseases of civilisation" and that capitalism and socialism are on the way towards eventual convergence, assertions that are frequently pronounced by bourgeois theorists, when they analyse the changes occurring in the state of public health in countries with different social and political systems. An analysis of the improvement of public health in the USSR within a relatively short space of time clearly shows that socialism means health.

Chapter Four

BASIC PRINCIPLES OF THE SOVIET HEALTH SERVICE

Earlier we spoke of the importance of disease prevention in the Soviet public health system, of its state character and other fundamental principles underlying its development. The record to date has fully demonstrated the validity of the principles of socialist health care, which are of tremendous international significance and are indissolubly linked with a creative Marxist solution to the methodological problems of the public health service.

THE STATE CHARACTER OF THE SOVIET PUBLIC HEALTH SYSTEM

The Programme of the Communist Party of the Soviet Union adopted by the 22nd Congress states in part: "The socialist state is the only state which undertakes to protect and continuously improve the health of the whole population. This is provided for by a system of socio-economic and medical measures." *

These lines are no mere political declaration, for every word in them is confirmed by the practical activities of all public health services

* *The Road to Communism*, p. 542.

and institutions in the USSR. But the readers who are familiar with the state of public health in other countries may argue that these countries too have had, for a comparatively long time, a state or government-run public health service.

However, when we speak of the state character of public health in the USSR we imply not only the activities of public health bodies and institutions, not only those of the medical services but the participation of all the components of the socialist state system, including the public health services, in caring for and improving the health of all the people. Herein lies the profound significance of the words from the Programme of the CPSU cited above.

The state character of public health in the USSR is an expression of socialist democracy which unlike bourgeois democracy not only declares the rights of the people, but also guarantees their realisation. It is the socialist state that acts as a guarantor of the fundamental democratic and social rights of the people.

State-run health service as one of the functions of the socialist state and its duty to ensure each Soviet citizen's right to health, also implies that the health of each citizen is regarded not only as his personal affair, but as part of the national wealth. In this sense the state's care for the health of its people, i.e. the state character of public health, is opposed to the principles of the private capitalist system which proclaims medical business to be a major principle in relations between physician and patient. This is the main principle underlying public health policy in capitalist countries. It is a fact for example that the leaders of the American Medical Association, one of the largest corporated organisations in the United States, have repeatedly declared that the basic principle of public health in their country is

the individual's responsibility for his own health and that of his dependents.

What then does the state character of public health in the USSR mean in concrete terms? What functions and duties of the state and its public health system are included in this concept?

FREE AND GENERALLY AVAILABLE MEDICAL CARE

When we speak of the state character of public health, we mean above all that medical care is freely available to the entire urban and rural population regardless of social, political, racial or any other factors. This in turn implies that medical care is free and that the state trains and provides for the population a sufficient number of skilled medical personnel and medical institutions.

Free and generally available medical care is ensured by state allocations for public health. The funds provided out of the national budget for medical care and the development of public health services and institutions are growing year by year. Table 8 below gives some idea of the budget allocations for public health and the promotion of physical culture in the USSR.

Table 8

Allocations for Public Health

Year	Total of budget allocations for public health (in comparable prices) billion roubles	Per capita expenditure (roubles)
1913	0.14	0.9
1940	0.9	4.7
1955	3.5	17.2
1960	4.8	22.6
1965	6.7	28.6
1970	9.3	38.2
1975	11.2	43.8

In addition to the above appropriations medical institutions receive large sums from various industrial enterprises, collective farms, cooperatives and other establishments. These sums total an average of 2,000 million roubles a year. Besides, some industrial enterprises set aside impressive sums to build and equip new medical institutions.

A considerable part of the funds set aside for social security and social insurance is also spent to improve public health services. Large sums (28,000 million roubles in 1976) are spent by the state out of its budget on social security and social insurance. This money is spent among other things on allowances for temporary disability, quarantine and allowances to working mothers caring for their sick children, on maternity grants, on the maintenance of sanatoria, nurseries, kindergartens, Young Pioneer camps etc. Taken together, the share of all government spending on public health constitutes an estimated 25 per cent of the total public consumption fund.

Apart from the allocations on public health mentioned above, we must also take into account the state expenditure on the development of medical science and medical education, which is not included in the public health and physical culture item of the national budget, but comes under science and education expenditure.

To illustrate the foregoing here is a rough breakdown of government spending on health protection and medical aid for a family of eight with the parents, their elder son and daughter working at the Likhachev Motor Works in Moscow.

Thus, one can judge of the actual size of allocations made by the socialist state and socialist industrial enterprises and agricultural

Table 9

Government Spending on Medical and Social Aid to a Worker Family (annually)

All types of medical and medical and social service	Approximate cost of service provided (in roubles)
Medical check-ups	74.74
Professor's consultation	12.00
X-Ray examination	2.21
Laboratory tests	14.90
ECG	2.96
Antibiotic and other injections	44.64
Physiotherapy	8.88
Grant for an accommodation at a sanatorium	80.50
Dietetic food from the works canteen	52.00
Grant for three shifts at a Young Pioneer Camp	285.00
Grant for maintenance of one child in a kindergarten	76.00
Sick leave benefits	525.70
Total	1,179.62

establishments for public health by taking into account all sources of financing the health services and medical science. This approach will show that the total expenditure for public health made by the socialist state are far greater than the total of the public health item of the national budget.

The situation is different in a number of capitalist countries where only a comparatively small part of the cost of health care is defrayed by the state budget. In these countries the working people have to meet the bulk of the expenses on medical care. The personal expenditure of US citizens on medical treatment, for instance, exceeds two-thirds of all the funds spent on health care. What is more, the population is having to pay more and more for health

care with every year. Despite all attempts to introduce various systems of social aid including the so-called medicare and medicaid systems, the patients or their families have to pay considerable sums to medical institutions or medical personnel for the aid provided.

The general availability of medical care in the USSR is also ensured by the impressive material and technical facilities supporting public health and medical science. Had not a sufficient number of hospitals, polyclinics, disease-prevention centres, research institutions, medical schools etc. been built in the years of Soviet power, the general availability of medical care, which is now a clear expression of the state's responsibility for public health, would have been an empty phrase.

We have already noted that before the October Socialist Revolution Russia was at the bottom of the list of countries in terms of the number of medical institutions and trained medical personnel. In 1913, for example, Russia had an average of 1.8 doctors per 10,000 population, and 13 hospital beds. According to statistics for 1975, the USSR had a total of over 26,000 different hospitals (excluding military hospitals). These hospitals had an aggregate of 3,011,900 beds, an average of 118 beds per 10,000 population. In terms of the availability of hospital beds, the Soviet Union is at the top of the list of nations. In the number of what is technically known as somatic beds, that is, those available in hospitals for all categories of patients (excluding mental cases) the USSR is ahead of the USA, Britain, France and other economically advanced countries.

A whole army of doctors have been trained in the country in Soviet times. In 1976 they numbered over 862,000, i.e. almost 33 doctors per 10,000 population, which means that the

Table 10

Number of Doctors and Hospital Beds in the USSR
(end of year)

	1913	1940	1950	1960	1965	1970	1975
Number of doctors of all specialities, excluding military doctors (thousands)	28.1	155.3	265.0	431.7	554.2	668.4	835.2
Number of doctors per 10,000 population	1.8	7.9	14.6	20.0	23.9	27.4	32.7
Number of hospital beds, excluding military hospitals (thousands)	208	791	1,011	1,739	2,226	2,663	3,009
Number of hospital beds per 10,000 population	13	40	56	80.5	96	109	118

USSR at present has one doctor per 300 people. No other country can match this number today.

The number of health workers with a secondary medical education (doctor's assistants, nurses and technicians) has increased several-fold. Today they total over 2.5 million (almost 100 per 10,000 population).

Particularly impressive changes in health care have taken place in what used to be Russia's outlying national regions. For instance, in the Uzbek SSR the number of doctors increased from 139 in 1913 to 36,500 in 1975; in the Kirghiz SSR from 21 to 8,200; in Turkmenia from 70 to 6,600 and in Tajikistan from 19 to 7,200. The number of trained medical personnel has mounted several-fold in Byelorussia, Azerbaijan, Kazakhstan and some other constituent republics.

At present even the remotest towns and villages throughout the USSR have their own hospitals, polyclinics, disease-prevention centres, pharmacies and other medical institutions, which provide qualified medical aid to the population. Table 10 (p. 83) summarises some of the main indices of the development of health services in the USSR, i.e. statistics testifying to the building up and expansion of the material and technical base of the public health system.

UNIFIED AND PLANNED SYSTEM OF PUBLIC HEALTH

The concept of state, government-run health service also implies the existence of a unified public health system. This means that the USSR has a single system of health services subordinated to a single controlling body—the USSR Ministry of Public Health. All public health institutions from the smallest medical stations staffed by doctor's assistants and midwives and rural hospitals, to the largest city hospitals and

medical research institutes are administered by the USSR Ministry of Public Health, which controls the activities of all the services and plans all measures relating to public health care in the country. The unified nature of Soviet public health implies much more than unified principles of administration and management of health services. It also implies the unity of aims, methods of work and principles guiding trained medical personnel in their activities. In addition to the general health services, the USSR has departmental health services, that is to say, medical institutions administratively subordinated to ministries other than the Ministry of Public Health, such as the Ministry of Transport, the Ministry of Inland Water Transport, the Ministry of Civil Aviation etc.

The state character of public health in the USSR finds expression in the planned development of all its services. The planned development of public health implies that being an integral part, a branch of the Soviet economy it is subject to the laws of planned development. Planned development makes it possible to avoid imbalances and disproportions between public health care and other branches of the national economy.

Like all other branches of the country's single national economy, public health services are developing on the basis of state plans. There are current plans (for one year) and long-term plans laying down guidelines for the further development of health care over a period of several years as regards basic indices such as improvement of the people's health, expansion and modernising of medical institutions, training of medical personnel, production of medical supplies, equipment and other medical goods. Five-year plans for the development of national economy have traditionally covered the further development of

public health and the country's medical industry

All the health boards—from the local level, i.e a small rural hospital, to the USSR Ministry o Public Health—take part in drawing up both current and long-term plans. The basic guidelines for the development of the country's economy in the years immediately ahead are laid down by the State Planning Committee of the USSR (Gosplan). Following approval by a session of the USSR Supreme Soviet the economic development plan becomes law. For example, the 1971-1975 plan for the development of public health was the law for all members of the Soviet medical profession and for all the medical organisations and institutions in the country during the corresponding period of time.

Health care development plans emphasise the further development of specialist medical services as a major means of improving the quality of health care. Accordingly, large general hospitals are being built with various well-equipped departments, specialised units in polyclinics and disease-prevention centres are being set up physiotherapeutic services expanded and other measures adopted. Constant efforts to expand improve and modernise the technical and economic base of the country's public health system are aimed at improving health standards of the population, at more effective control of widespread and particularly infectious diseases and at improving physical development standards generally. The plan also determines the most important long-term trends in medical research and provides for the requisite finance, research facilities and personnel.

These are, then, some of the concrete tangible expressions of the state character of health care in the USSR which are inseparably linked with its other features, above all, with prophylactic work

Prophylactic (disease-prevention) work is regarded as the most important component of health care in the USSR. This is only natural since more than fifty years of Soviet medical experience have confirmed the old truth, which was known even to the physicians of antiquity, that an ounce of prevention is worth a pound of cure. But the great medical men of the past—Hippocrates, Galen, Asclepiades and many others—although they stressed the importance of disease prevention, could not imagine that a time would come when it would be an effective and most important principle of caring for the health of a whole nation.

The outstanding physicians of the 19th century could go no further than appeal to the public to devote more attention to preventive measures which they considered more important than treatment. They saw the future of medical care as an all-embracing prophylaxis practised not only by individual doctors, but by the entire system of a country's public health. "The future belongs to preventive medicine," stated the celebrated Russian surgeon N. I. Pirogov. G. A. Zakharyin, an eminent Russian internist of the 19th century, said that "only hygiene can be victorious against the diseases of the masses" (by hygiene he meant preventive medicine in the broadest sense of the term).

It would seem that such statements and appeals should have had their effect in due course as public health services developed and the nature of many infectious diseases which at that time constituted a major health problem was disclosed. However, with the social and political system in pre-revolutionary Russia what it was, prophylaxis could not develop to the level of

nation-wide government-sponsored measures and the matter never went beyond isolated attempts. We might add that prophylaxis has failed to become a state function in any of the capitalist countries to this day.

As early as the 1920s Z. P. Solovyov, an eminent theoretician and architect of public health services in the USSR, emphasised that the main difference between medicine in the USSR and the capitalist countries is that the latter cannot embark on the path of disease prevention without thereby infringing upon the very foundations of the capitalist system.

While emphasising the importance of a social, state system in the development of prophylactic work, we should also mention that disease prevention is not confined to measures of personal sanitary and technical protection like for instance the anti-septic treatment of a surgeon's hands before an operation. Z. P. Solovyov, N. A. Semashko and other eminent theoreticians and creators of the Soviet public health service, who elaborated the theory of prophylaxis as the dominant trend in the development of Soviet medicine, often had to explain this principle to a number of well-known clinicists of their day who reduced prophylaxis to a matter of mere technical cleanliness.

Nor should prophylaxis be identified with broader medical measures aimed at controlling a number of infectious diseases which is what medical people and hygienists in capitalist countries have always taken it to mean: that is why all measures to control infectious disease including vaccination campaigns have been given the name of prophylactic or preventive medicine as opposed to curative medicine. It is an acknowledged fact that despite the enlarged and amplified concept of prophylaxis, medical treatment

of disease in many capitalist countries is still divorced from preventive medicine and is practiced for the most part by general practitioners. Even in Britain, a country with a national health service, there is a gap between prophylactic services and medical aid.

Progressive health workers in many countries are voicing concern about this gap. At the 16th World Health Assembly the need for closely integrating prophylactic and clinical medicine claimed special attention. Dr. A. Shousha, a prominent public health worker, emphasised in his report the urgent need for doctors to study the social aspects of medicine. Dr. Shousha said that a physician today is expected to be a social worker as well, capable of "making a social diagnosis" and administering "social therapy". He also stressed the importance of preventive measures and characterised them as extensive social prophylaxis.

All subsequent World Health Assemblies emphasised the importance of preventive or rather, to be more precise, social and preventive trend in medicine. Discussions held during successive World Health Assemblies, devoted to major national and international health problems in the modern world and specifically to the role of vaccination campaigns, urbanisation and its effects on public health, sanitary and hygienic problems of populated centres, VD control, mental health etc., centred on prophylaxis. Halfdon Mahler, Director-General of the World Health Organisation, in his report on the work of the WHO during 1975 to the 29th World Health Assembly stressed the priority of prophylaxis as a basis of public health. Dr. Mahler emphasised the need for a new strategy to be adopted by most countries in the field of public health where the masses are denied

modern medical services. This strategy should be based on prophylaxis, he said.

During the discussion following the Director-General's report and that on major long-term aspects of the work of WHO, representatives of many countries focused on the decisive role of prophylaxis in tackling public health problems. At the same time they stressed the need for integrating preventive services into the entire fabric of public health systems which in turn should form an integral part of a national health care organisation, in other words, should assume a state or governmental, government-sponsored character. The thesis on the development of curative and prophylactic health services as an integral component part of the social and economic development of a country is central in the work of WHO and other international organisations. This thesis has been echoed by public health officers of many countries, particularly of developing countries. However there are still countries which, like pre-revolutionary Russia, lack essential conditions and facilities to set up health services based on social prophylaxis. In many countries public health is still to assume state or government-sponsored character; in many countries capitalist relations still present an obstacle to the creation of a progressive public health system.

Outstanding scientists and public health leaders have many times spoken in favour of introducing a wide range of prophylactic measures. Henry E. Sigerist, an outstanding medical theoretician and historian, maintained that the aim of medicine is social and the doctor of the future must therefore be a social physician. Dr Sigerist highly appraised the progress of prophylactic work in the USSR (he made two visits to the Soviet Union to study the Soviet

public health system). In his books dealing with public health in the Soviet Union, he wrote: "I have come to the conclusion that a new period in the history of medicine has been inaugurated in the Soviet Union.

All that had previously been achieved in five thousand years of world medicine represents only its first epoch, that of *curative* medicine. Now a new era, that of preventive medicine, has come of age and passed the stiffest test that one could devise." *

It follows that the prophylactic trend in public health could not be implemented in pre-revolutionary Russia nor can it be implemented even in the highly developed capitalist countries today because the most that can be achieved there is isolated hygienic measures such as vaccination campaigns and sanitation of the human environment. The prophylactic trend as the basis of public health in the USSR is the *totality of social, economic and medical measures aimed at preventing disease and*, what is even more important, *at eliminating the causes of disease*. Large-scale prophylactic measures effectively contribute to the work of transforming the human environment, improving the quality of life in order to guarantee people satisfying and joyous labour, good rest and recreation, strengthen the people's health and ensure them a long active life. Prophylaxis forms an integral part of measures to improve the well-being of the people, raise their material and cultural standards and promote the balanced and full development of their physical and intellectual powers. The prophylactic trend, then, is viewed as an expression of the impact of the basic economic law of

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* Henry E. Sigerist, *Medicine and Health in the Soviet Union*, New York, 1947, p. 300.

socialism—the maximum satisfaction of the growing material and spiritual needs of the working people.

It stands to reason that prophylactic work along these lines is impossible without making the public health system an integral part of the overall state system. In other words, the prophylactic trend is inconceivable where health care is not government-run, where the state is not directly concerned with or not responsible for the health of its citizens.

Prophylaxis is the dominant trend in the development of public health services in the USSR. It finds expression in the large-scale social and economic measures taken by the Soviet state to improve the working and living conditions of its citizens, to provide better rest and recreation facilities, to improve their material well-being and cultural standards and to carry out specific sanitary and technical preventive measures.

While it is hardly possible for lack of space to dwell here in detail on all the measures that make up the prophylactic work of Soviet medical institutions we would like to emphasise some of the aspects of medical prophylaxis which are mandatory for all the medical institutions in the country regardless of their purpose and field of specialisation. It is no accident that Soviet hospitals, polyclinics, disease-prevention centres, so-called medical and sanitary units at industrial enterprises etc. are referred to as curative and prophylactic institutions; this designation emphasises the synthesis of curative, sanitary and hygienic activities, the most important single aspect of prophylaxis as practised in the USSR.

The idea that it is necessary to introduce prophylactic principles into all fields of medical

activity is gradually winning recognition among officials of international organisations including the WHO. Thus in considering the role of the modern hospital in public health, a committee of experts came to the conclusion that in hospitals prophylaxis must keep abreast with the development of the curative services in various specialities and that the hospital cannot be an isolated institution, but must be a part of a social and medical organisation concerned both with treatment and prevention.

The Expert Committee of the World Health Organisation who examined the teaching of pathology stated that prophylaxis can and must permeate all activities in the field of medicine. In the context of public health bodies and institutions prophylaxis includes the enforcement and supervision of hygienic standards at industrial enterprises and in the daily life of town and country, checking the observance of state legislation on labour protection and against pollution of the atmosphere, soil, waters, foodstuffs, introducing mass and individual preventive vaccination and many other sanitary, hygienic and anti-epidemic measures.

Soviet hygienists, physiologists, toxicologists and other medical scientists have established the maximum permissible concentrations of hundreds of different toxic, chemical and other substances which find their way into the soil, water, air and foodstuffs. In addition, maximum permissible concentrations have been determined for a variety of radiations at industrial enterprises. For example, for people employed at enterprises of the atomic industry or manning X-ray installations and similar equipment which are not safe from the point of view of radiation hazard, the maximum level of irradiation has been set at 5 Rad. a year. Supervision of the

observance of hygienic standards including the control of maximum permissible concentration of toxic and other substances and radiations is the responsibility of the sanitary and epidemiological services, and primarily of the sanitary and epidemiological stations. Existing sanitary legislation is being constantly supplemented and amended as new efforts are deployed to improve industrial safety and labour protection generally, to ameliorate the environment and to improve the microclimate at industrial enterprises and offices.

Between 1971 and 1975 a series of important laws were enacted in the field of labour hygiene. Higher sanitary standards have been introduced whose observance is absolutely mandatory when designing new industrial enterprises. Noise abatement standards have been introduced on transport, maximum permissible concentrations of toxic substances in the ambient air of the working zone have been established, a ceiling on permissible noise levels at work places has been imposed, new hygienic standards introduced for work involving the handling of poisonous chemical substances etc.

Specific measures to improve environmental protection, safety techniques and sanitary and hygienic conditions of work, to improve the prophylaxis of occupational and other diseases and many others aimed at ameliorating the working and living conditions and the human environment generally are included in the overall plans of health improvement measures adopted by ministries and government departments and in the plans of social development of various industrial, agricultural, scientific, educational, trade and other enterprises and institutions. The implementation of these plans is mandatory and subject to close monitoring.

TREATMENT AND DISEASE PREVENTION

Prophylaxis or disease prevention constitutes the basis of the activities of all Soviet medical institutions. The disease-prevention service is one of its major methods. At the dawn of Soviet power N. A. Semashko referred to the disease-prevention service as the leading method in effecting a synthesis of prophylaxis and treatment. Indeed, the disease-prevention service is now extensively provided by the hospitals, polyclinics and other curative and prophylactic institutions.

Not only sick people, but also healthy people qualify for dispensary observation. However, if it is to be practised on a truly all-embracing scale, the disease-prevention service requires vast resources and a large number of doctors and other trained medical personnel, entailing considerable additional expenditure of effort and money. That is why not all Soviet people have as yet come within the reach of the dispensary service.

Dispensary service embraces at present practically all children and as much as 20 per cent of the entire healthy adult urban population. It is available to large contingents of the population: children and adolescents, schoolchildren, students of secondary, specialised secondary and similar schools, college and university students, factory and office workers of a number of industries and especially workers of industrial enterprises with working conditions harmful to health, disabled war veterans, athletes, scientists, certain categories of agricultural workers, expectant mothers etc. In addition, every city and rural dweller, irrespective of trade or profession, suffering from one of a specified range of diseases, is subject to regular observation. The

list includes TB, all kinds of tumour, cardiovas cular diseases (coronary disease, heart disease hypertension, rheumatism, thromboflebitis, var cose veins and other vascular lesions), duodena and gastric ulcers, nephritis, diabetes mellitus certain liver diseases, mental disorder, fungu and other skin diseases etc.

What, then, is this dispensary service? Th dispensary service as administered in the USS comprises a complex of various diagnostic curative, prophylactic and social functions These include active systematic medical observa tion, early detection of disease, timely treatmen and taking a wide range of measures aimed a preventing the onset or progress of disease including the transfer of patients to other, more suitable work requiring less physical effort and a change in their living and working conditions Active observation, which Soviet medical men regard as the main component of the disease prevention service, implies that doctors and other medical workers visit the patients in the home summon them for consultation and advice to medical institutions, keep records of the exami nations and timely adopt necessary preventive and treatment measures. Selection of persons requiring prophylactic observation is made by polyclinics, outpatient departments, hospitals and specialised treatment and disease-prevention centres and other curative and prophylactic institutions after prospective patients have turned to them for help or by carrying out mass prophylactic examination of specified population groups—schoolchildren and students, workers, office workers etc. With every year ever new contingents of the population come within the reach of the disease-prevention service so that it is expected that in the near future the whole of the country's population will be covered.

AREA PRINCIPLE OF THE ORGANISATION OF MEDICAL AID

The synthesis of curative and prophylactic principles reveals itself not only in the disease-prevention, but also in the area principle of administering medical aid to the population. This principle is employed throughout the Soviet Union: both towns and the countryside are divided into medical areas with no more than 4,000 people (3,000 adults and 1,000 children per area) in towns and usually somewhat more in the countryside. At industrial enterprises the division is by shop. The doctors servicing a particular enterprise administer medical aid to a specified number of workers in particular shops or departments of the enterprise in question. The number varies depending on the working conditions, and is usually from 600 to 2,000 workers. According to the norms in force in the USSR each urban medical area must have no fewer than six doctors including two so-called area doctors (internists) and a pediatrician; each area is also serviced by surgeons, obstetricians, gynaecologists, neuropathologists and other specialists. The area doctors visit the patients in their homes or receive them in polyclinics, i.e. in outpatient institutions where the main diagnostic and laboratory services are concentrated and doctors of various specialities are employed. Most of the home visits are made by area doctors and children's doctors who perform the function of home or family doctors as they are familiar with the living conditions and state of health of each of their patients. In complicated cases the area doctors refer their patients for consultation to specialists and if necessary, direct them to hospitals. The area doctors not only treat their

patients, but also perform a series of prophylactic functions. Thus, they see to it that vaccinations are carried out in good time and that the existing sanitary standards are observed. They are also responsible for sanitary education for which purpose there are the so-called prophylactic days (usually once a week), when the area doctors engage mainly in sanitary and health educational activities.

The area principle of administering medical care brings qualified medical aid closer to the patient and his home as well as to his place of employment. In the Soviet Union the medical area is an integral part of the polyclinic and hospital. Area doctors are staff workers of district polyclinics, most of which form part of large incorporated hospitals.

In addition, area doctors, including internists and pediatricians, have to work for specified periods in hospitals looking after inpatients. Most commonly an area doctor works for six months in a hospital and for eighteen months in his particular area visiting patients in their homes and receiving them in the local district polyclinic. In this way the area principle of the organisation of medical service in the USSR effects the unity of hospital and outpatient services as well as the unity of prophylaxis and treatment.

EDUCATION IN HYGIENE AND SANITATION

Hygienic and sanitary education, which is the duty of every health worker and medical student, plays an important part in prophylactic work. Sanitary education takes various forms, including talks at the patient's bedside, home visits by trained nurses, particularly to those families

where the birth of a child is expected. Special medical films are shown in apartment-house clubs and at industrial enterprises, special radio and TV broadcasts are arranged etc.

What is known here as "health universities, institutes and schools" have become very popular in recent years. Doctors, experienced specialists, medical scientists and instructors of medical schools give lectures to large audiences in accordance with a special programme designed for a year or several years and also conduct classes on particular medical topics paying special attention to prophylaxis and hygiene, and healthy diets. Such medical education centres have been established in many towns and are maintained on a voluntary basis, that is to say, the medical workers teaching at them are not paid any fees.

The prophylactic principle underlies the entire system of medical education in the USSR. This manifests itself not only in the teaching of prophylactic disciplines, such as general hygiene, epidemiology, social hygiene, public health services etc. but also in the introduction of the prophylactic principle into clinical and related work.

Soviet medicine relies on the progressive doctrine of the paramount importance of the natural and social environment in the origin of disease. This doctrine makes it possible to get at the root cause of many diseases and to prevent their onset in good time. I. P. Pavlov, the famous physiologist, said: "Do not causes of disease usually steal into the organism and begin their destructive work long before the patient becomes an object of medical attention? A knowledge of the causes is, needless to say, one of the most essential conditions of successful medicine. Firstly, when we know the cause it is possible to

combat disease effectively, and secondly, and this is more important, it is possible to prevent its destructive work, its invasion of the organism. Only by discovering all the causes of disease will present-day medicine become the medicine of the future, i.e. hygiene in the broadest sense of the term."

The development of prophylactic medicine has stimulated the emergence of a teaching on pre-morbid states, i.e. states preceding the onset of disease. This teaching which was developed by M. P. Konchalovsky, an outstanding Soviet clinicist, helps in early diagnosis and treatment of disease.

Numerous examples could be cited showing the effect of the organisational principles of public health in the USSR and particularly of its prophylactic trend in improving the health of the nation and combating disease, in the first instance, of many infectious diseases. We shall cite only one example, namely, the eradication of malaria which until recently was a real scourge.

Suffice it to say that after the First World War the young Soviet Republic, according to a conservative estimate, had several million cases of malaria (at least 5,000,000 in 1919 and 1920). Nor did the incidence of malaria decline in the 1930s: in 1934, for instance, 9,000,000 malaria cases were recorded. State organisations, medical institutions, thousands of specialists and all the population waged a determined struggle against a disease which was carrying off thousands of lives. Institutes of parasitic diseases and malaria and numerous anti-malaria centres were set up in the country. The government allocated large funds to finance the production of anti-malaria drugs and chemicals to fight the malaria mosquito. A nation-wide plan for controlling and eradicating malaria was drawn up which

envisaged three main directions for the attack on malaria: a) dealing with the source of infection, i.e. detection of malaria cases, active treatment of malaria patients wherever they might be, and individual prophylaxis (chemo-prophylaxis); b) control of the malaria vectors, i.e. extermination of mosquitoes and their larvae by a variety of methods, and lastly, c) measures to safeguard the people against mosquito bites. The plan also provided for large-scale drainage schemes of mosquito breeding-grounds. Pharmaceutical plants were built to start the manufacture of quinine substitutes—plasmocide, acrichine and other chemicals and effective insecticides to control the malaria mosquito. The institutes and anti-malaria centres trained many specialists and teams of non-medical people in methods of combating malaria. They actively participated in the malaria eradication campaign. As a result of a whole package of anti-malaria measures, in which prophylaxis played the decisive part, the incidence of malaria sharply declined. In 1950 just over 780,000 malaria cases were recorded, one-fifth of the 1945 and one-twelfth of the 1934 figure. It was clear that the eradication of malaria was quite feasible. In the subsequent years, malaria was practically stamped out in the country. Indeed, in 1960, as few as 368 malaria cases were recorded. Today malaria occurs only sporadically.

The foregoing statistics speak for themselves. Not only have millions of people been rid of a formidable disease in a relatively short space of time, but vast human resources have been saved. Statistics provided by the World Health Organisation indicate the extent of economic losses caused by malaria to this day. WHO experts have estimated that the eradication of malaria costs from 50 to 100 dollars per person living in an area

where the disease is prevalent, and according to the recent statistics, close on 1,200,000 million people live in malaria-affected zones in different parts of the world.

The above example shows perfectly well how the prophylactic trend—the alpha and omega of Soviet medicine—has developed in the USSR.

LINKS BETWEEN MEDICAL SCIENCE AND THE PRACTICAL ACTIVITIES OF SOVIET PUBLIC HEALTH BODIES

We shall yet have an opportunity to deal in greater detail with the progress of medical science in the USSR and describe the dominant trends of medical and biological research. For the moment we would like to stress that a close daily contact between medical research establishments and institutions immediately concerned with the practical side of public health is a leading principle of public health organisation in this country.

The application of the results of medical research to current public health activities has become one of the most important criteria of their effectiveness. Publication of scientific studies and the holding of medical congresses, theoretical conferences and symposia on a regular basis combine to facilitate the application of scientific advances in the practical work of curative and prophylactic institutions. It is to be noted that in addition to scientific congresses and seminars attended by medical scientists, so-called scientific and practical congresses and conferences are held for medical practitioners. Moreover, conferences are regularly held in hospitals and polyclinics at which information on the latest scientific advances is given and the

results of scientific research done by the hospitals are discussed.

The principle of unity of theory and practice underlies the entire system of medical research in the USSR. As we have already mentioned, the activities of both practical, curative and prophylactic and medical research institutions are supervised and directed by the USSR Ministry of Public Health. Even the country's highest centre of medical research—the USSR Academy of Medical Sciences—comes under the Ministry.

Matters relating to medical research are dealt with by the learned medical councils at the ministries of health of the USSR and the constituent republics. The ministries supervise the introduction of the latest scientific results into the practical activities of public health institutions; many problems are solved by scientific institutions in close collaboration with practical medical workers.

No small role in effecting the unity of pure science and practical public health work is played by the top specialists. These are highly qualified doctors on the staff of ministries or regional and city boards of public health. Their main function is to promote the development and expansion of specialist medical care and facilitate the introduction into the practical activities of medical institutions of the latest techniques and facilities for diagnosis, treatment and prevention of various illnesses. Research centres and colleges, which conduct the bulk of medical research, work in close contact with practitioners and public health bodies. Research centres and medical colleges give a wide range of assistance to the practical medical institutions: they provide consultations by experienced specialists on specific problems, arrange lectures and symposia etc. They also organise cycles of lectures and conduct

classes aimed at improving the qualifications and knowledge of practitioners.

PARTICIPATION OF THE POPULATION IN PUBLIC HEALTH WORK

The solution of public health problems in this country would have been far more difficult and would have taken far more time had not broad sections of the country's population organised and guided by government and Party bodies and top medical workers taken an active part in the campaigns against various diseases and to improve sanitary and hygienic conditions at home and at work. The participation of the population in public health work has many different forms. The USSR Supreme Soviet and the Supreme Soviets of constituent and autonomous republics maintain standing commissions of deputies dealing with public health matters. All local Soviets of People's Deputies (regional, city and district) also have public health commissions composed of their deputies. The basic responsibility of these commissions is to help the local public health bodies and institutions to improve the functioning of all the health services. These commissions have broad powers and they use them effectively as they exercise control over many medical institutions and have the right to demand accounts from public health administrators. They have direct links with various public organisations and with all sections of the population, workers, office employees, collective and state farmers whose interests they represent.

But the public health commissions maintained by local Soviets are by no means the only form through which the public can participate in

improving health services. In the Soviet Union many different forms of participation by the public in health work have developed spontaneously, so that today the population take an active part on a voluntary basis in all aspects of the provision of medical aid, sanitation and other public health activities.

Public councils attached to many curative and prophylactic institutions and pharmacies are now very popular in the USSR. Among their members are representatives of public organisations, workers of industrial enterprises, collective farmers or tenants of nearby blocks of flats, including pensioners, housewives etc. These public councils help local public health institutions in their activities.

The Red Cross and Red Crescent societies are mass public organisations which also assist public health bodies and institutions in the discharge of their functions. Today these societies have in this country a total membership of over 90 million. They organise the training of people in first-aid methods, set up sanitary posts at industrial enterprises, collective farms and offices whose job it is to see that the work places are kept in a satisfactory sanitary condition and also to assist trained medical workers.

These societies train nurses who look after lonely, sick and aged people in their homes on a voluntary basis, without any pay. Members of these societies also act as public sanitary inspectors, that is to say, they see to it that the streets and backyards are kept in a satisfactory sanitary condition.

Every year Health Day is observed all over the Soviet Union. This tradition started a few years ago, on July 11, to commemorate the day when Lenin in 1918 signed the decree establishing the People's Commissariat of Health. On that day, at

the initiative of public organisations in the city of Tula and some other towns, the activities of all medical institutions and public organisations concerned with public health were reviewed. Since then, on July 11, public health bodies report to the local population on their activities in health protection and sanitary amelioration of the environment. The inhabitants of towns and villages, on their part, guided by medical workers, carry out various campaigns to improve the sanitary standards of their towns and villages. It is a tradition now on this day to lay out public gardens and parks, to give lectures and talks on medical and sanitary subjects. Health Day is thus not confined to the adoption of isolated, if important and interesting, medical measures which are carried out during that day. As we have mentioned above, this is a day for reviewing and assessing the work done by public health bodies and the public organisations concerned with health protection and sanitary culture during the past year.

By a decree of the Presidium of the Supreme Soviet of the USSR (1966) one of the Sundays in June was proclaimed Medical Workers' Day. This day is a festival not just for the medical community in the USSR, but for all Soviet people since the broad participation in public health work of all sections of the country's population has become one of the basic principles underlying the Soviet system of public health care.

These, then, are just some of the ways in which the public participates in health protection activities here in the Soviet Union. Many public health officials in other countries are beginning to realize that without an active participation of broad sections of the population in public health activities it would be impossible

to solve the problem of providing free qualified medical aid to the majority of the population, to combat diseases successfully and carry out necessary sanitary and hygienic measures.

Not only individual medical men in other countries, but international organisations as well are admitting that broad masses of the population, particularly in developing countries, are increasingly denied access to modern health services as their cost is going up. Speakers at the 29th World Health Assembly spoke of the practical inaccessibility of qualified medical aid for over 80 per cent of the rural population in the developing countries. Suggestions were made to tackle this urgent problem with the help of the rural communities themselves. One measure recommended was to organise the provision of primary medical and sanitary assistance, a measure that has acquitted itself well in a number of developing countries. It is proposed to train at the expense of the rural communities teams of health workers with elementary medical education at crash courses. Upon completion of the courses these workers will be able to diagnose a mass disease, prescribe the necessary medicine, administer first aid, make vaccinations, assist at delivery and help to maintain satisfactory sanitary conditions in villages and towns. Needless to say the provision of primary medical and sanitary assistance should be supervised and controlled by a professional medical organisation.

Chapter Five

THE ORGANISATION OF PUBLIC HEALTH SERVICES IN THE USSR

In accordance with the basic principles of Soviet public health, a suitable organisational structure, a central governing body, curative and prophylactic institutions, medical research centres and laboratories have been set up in the USSR. All these have been integrated into a single system with close links with every industry and service of the country's economy to form a complex, constantly developing system of socialist public health.

THE STRUCTURE OF PUBLIC HEALTH BODIES IN THE USSR

The USSR Ministry of Public Health is responsible for the work of every branch and service of public health in the country. The Ministry is headed by the Minister of Health who is appointed by the USSR Supreme Soviet. The USSR Ministry of Public Health is the central administrative and scientific and methodological body which directs and controls the activities of all curative and prophylactic and sanitary and epidemiological institutions. The Ministry exercises overall control over public health activities throughout the country. It works out measures to improve the provision of

medical care to the population and ameliorate the sanitary situation in the country. The Ministry is the supreme and central body in the administration of public health in the USSR.

Every constituent and autonomous republic has its own public health ministry which comes under the USSR Ministry of Public Health. Also coming under the jurisdiction of the USSR Ministry of Public Health are the Academy of Medical Sciences and the leading medical research institutes. The health ministries of constituent and autonomous republics represent the second highest level of administration of public health, being in charge of health care in their respective republics.

The USSR Ministry of Public Health and the Public Health Ministries of the constituent republics direct the various health services through the agency of public health departments attached to regional, city and district executives of the Soviets of People's Deputies (i.e. through local government bodies). Regional (territorial) public health departments supervise the work of the medical and sanitary institutions of all the departments located within the region or territory concerned. They draw up and implement public health programmes and plans for their particular region or territory and deal with all matters relating to the provision of a sufficient number of trained medical personnel. Regional, territorial and city public health departments represent the third level of administration of health care, while city and district public health departments represent the fourth level. District public health departments in towns with an administrative division by district come under the city public health department.

City and district public health departments are in charge of all public health matters in the

town or district thereof concerned, supervising directly all curative and prophylactic institutions within their jurisdiction, provide trained medical personnel, finance and medical supplies.

The administration of the provision of health services in rural areas is the responsibility of the head doctors of central district hospitals who are simultaneously the chief surgeons of the districts concerned. They report to the regional (territorial) public health departments.

The specific features of health care for the employees of a number of ministries have necessitated the creation of a network of the so-called departmental medical and sanitary institutions controlled by the departments concerned. However the existence of such institutions does not violate the paramount principles of the planned and unified nature of the Soviet public health system as overall administration of all medical services is in the hands of the USSR Ministry of Public Health.

All types of sanitary and anti-epidemic work in the country at the district level and higher are carried out by the sanitary and epidemiological stations operating in each district, region and territory. The State Sanitary Inspectorate is headed by the Chief Sanitary Inspector of the USSR who is a deputy of the Minister of Health of the USSR. The Chief Sanitary Inspector has under him the chief sanitary doctors of constituent republics, the head doctors of regional, city and district sanitary and epidemiological stations. The decisions of chief sanitary doctors can be overruled only by a higher-level superior sanitary body.

All central public health bodies come under the USSR Council of Ministers and the Council of Ministers of a constituent or autonomous

republic, while local public health bodies report to the corresponding Soviet of People's Deputies and their executives. Central and local public health bodies at all levels are in charge of all matters relating to the improvement of the provision of curative and prophylactic assistance to the population, disease control and treatment, sanitary inspection of the housing, public utilities and industrial enterprises, sanitary and prophylactic measures to safeguard and improve the health of all population groups, mother and child care, sanitary education, pharmaceutic industry, medical research. Public health bodies and institutions are guided in their day-to-day activities by the Fundamentals of Public Health Legislation of the USSR and constituent republics and by other legislative acts, by the sanitary legislation on environmental protection and amelioration and on labour protection, by government decisions on the development of health services and medical science and by the decisions of Party organs relating to the protection and improvement of the people's health.

CURATIVE AND PROPHYLACTIC INSTITUTIONS. SPECIALISATION

In preceding chapters we were concerned for the most part with hospitals, polyclinics and treatment and disease-prevention centres as these are the most numerous institutions which form the backbone of the far-flung network of medical institutions in this country both in urban and rural areas. Before proceeding to a description of the specific characteristics of the various public health services intended for different population groups or operating under

varying economic and geographic conditions we shall touch upon the main types of medical institution in the USSR.

The leading curative and prophylactic institution is the incorporated hospital, that is to say, a large general hospital containing an inpatient department and a polyclinic for outpatients.

Naturally, such hospitals vary in size and capacity depending on the character and size of the area they serve. An incorporated hospital has 150-200, but usually more beds. A good deal is being done to enlarge existing hospitals and build new large general hospitals. The need for such hospitals is obvious, as today highly qualified and specialist medical care can be provided only by medical institutions containing all the main specialised units equipped with the latest instruments, apparatuses and tools, for all types of diagnostic, curative and prophylactic procedures and staffed by highly qualified specialists in a variety of fields. Hospital enlargement programmes are being carried out very intensively. Indeed, in the space of four years, between 1971 and 1974, the average number of beds at regional hospitals went up from 597 to 686, while the total of beds at central district hospitals serving rural areas increased from 165 to 196. Urban hospitals are expanding just as rapidly. The USSR already had large hospital complexes with 800 to 1,200 and more beds, and new similar complexes are to be built soon. In 1975 a total of 82 large general hospitals were under construction, 30 of which had 1,000 and more beds each, among them the largest clinical hospital of its kind with 3,000 beds, for the Second Moscow Medical Institute.

An incorporated hospital has an inpatient department which depending on its capacity has

several units—therapeutic, surgical, obstetric and gynaecological, neurological, ophthalmological, otolaryngological etc. Large general hospitals have in addition neurosurgical, nephrological, cardiological, pulmonological (for lung diseases), gastro-enterological, and other departments.

Great importance is attached to improving the functioning of hospitals. In large hospitals special units and groups are set up to study the scientific organisation of work. They study the working day of doctors of various specialities and medium medical personnel, the deployment of available personnel and suggest the optimum way of using material and technical resources and organising the work of medical staff. A major task in the organisation of efficient public health work today is that of reducing the time doctors have to spend filling in various medical forms and documents and above all, case histories. To this end a set of time-saving technical innovations has been proposed to simplify the keeping of health records and other documents. One of these innovations is the establishment of dictaphone centres at hospitals. The dictaphone centre receives incoming information from the different hospital departments, records it on tape and plays it back when necessary, in appropriate documents such as standard case history diagrams. For this purpose a special system of telephones and tape recorders is usually used. The dictaphone centres employ medical nurses who type the information into the case histories.

To facilitate the administration and management of large hospitals with their complex administrative and economic and medical structure, their sophisticated and diversified equipment, the large medical staff and hundreds and

even thousands of inpatients, computerised control systems are being increasingly used. Incidentally, the management of hospitals forms a major part of the overall fully automated control system being set up for the country's public health service.

An integral part of the incorporated hospital is the polyclinic or rather the outpatient department of the hospital. The polyclinic administers medical assistance to the bulk of the population. It has been estimated that some 80 per cent of all patients receive medical aid at the polyclinic and only 20 per cent are hospitalised. What is more, almost all patients, including those who are referred to the inpatient departments, go through the polyclinic. The polyclinic then has the most important part to play within the system of public health services in the USSR. There are also independent polyclinics which are not attached to hospitals.

The polyclinic is the most important unit in the Soviet health service. No other country in the world has as many polyclinics as the USSR. Soviet polyclinics differ from most outpatient departments in other countries not only in size but also in methods of work.

What then is a Soviet polyclinic? It is an amalgamation of various outpatient services including units and departments of different medical specialities (internal diseases, surgery, nervous diseases, diseases of the ear, throat and nose, skin diseases etc.), diagnostic laboratories and units for physical methods of treatment. In a sense a polyclinic in its purpose or rather nature of its work, resembles the type of group practice which is being increasingly adopted by physicians in the USA, Britain France and some other countries.

The polyclinic as it exists in the USSR has a

number of advantages over the group practice, health centres and other forms of medical aid available to outpatients in other countries. The polyclinic is a result of a long evolution of a medical institution for outpatients providing a comprehensive range of medical services, which has acquitted itself well. The polyclinic offers treatment by various specialists, makes diagnoses and combines treatment and prophylaxis. A typical polyclinic has the requisite up-to-date diagnostic equipment including a laboratory, and also equipment and apparatus for modern methods of treatment.

A feature of Soviet polyclinics is that they are centres of therapy and prophylaxis for the areas they serve. For this reason most polyclinics, especially in towns and cities, serve as district polyclinics, that is to say, they cater to a particular administrative part of the town or city (in small towns and villages they cater to the entire population). This method of territorial deployment of polyclinics exemplifies the area principle of administering health care to the population which was mentioned above.

Depending on its capacity, a polyclinic may serve a varying number of areas up to twenty and more.

You will remember that medical areas in urban areas cater each for an average of 4,000 people of whom 700-800 are children. Generally speaking in towns, especially in large towns, it is expedient to set up polyclinics which can handle 700-1,000 and more patients per working shift.

In line with the existing plans for the development of public health in the USSR large polyclinics capable of handling 750-1,200 patients per shift are being built, while existing smaller polyclinics are being expanded as they

encounter difficulties in providing a wide range of up-to-date treatment, diagnostic and preventive services. Between 1971 and 1975 a number of large polyclinics were built with a combined handling capacity of 560,000 patients. On average polyclinics and other medical institutions maintained by the USSR Ministry of Public Health administered medical aid to over 2,000 million patients a year (2,200 million patients in 1975), that is to say, there were over 11 visits per urban dweller.

The foregoing fully applies both to polyclinics operating as independent units and those attached to inpatient hospitals. In the USSR hospitals (both with outpatient departments and without these) are divided into general and specialised ones. The same applies to children's hospitals. Specialised hospitals are those looking after TB cases, infectious diseases and mental diseases patients. Most clinical hospitals are highly specialised units or general hospital complexes with specialist sections.

A general hospital provides excellent facilities for the training of medical personnel and for advanced and refresher training. What is even more important, such hospitals help to overcome the tendency towards too narrow specialisation, the so-called overspecialisation which may result in a gap between the doctor and the patient as an individual, in dehumanisation of a medical profession. The possibility of integrating a variety of medical specialities in a single hospital is an effective antidote against this undesirable trend.

The question of hospitals and polyclinics, as we have seen, is closely associated with the solution of the problem of specialisation which is the most urgent problem facing modern medicine. In the USSR specialisation is justly

regarded as a potent instrument in improving the quality of medical aid and of providing highly skilled medical services to the population.

The present programme of constructing large general hospitals with 600 and more beds is a substantial contribution to the development of specialisation of medical services in the USSR.

Treatment and disease-prevention centres of various kinds, disease-prevention institutions and those providing specialist medical aid to the sufferers of a number of specific diseases also form part of the basic health institutions in the USSR. There are skin and VD centres, TB centres, oncological, neuro-psychiatric, cardio-rheumatological, thyroid gland disease, and remedial gymnastics centres. These institutions, some of which have inpatient departments of their own, are integrated into a system to provide a wide range of inpatient and outpatient services by methods peculiar to them. These institutions are called upon to complement the disease-prevention services to the population made available by all the other public health services in the country. The treatment and disease-prevention centres concentrate their efforts on the early detection of disease and on keeping careful health records of specific patient groups as well as on treatment and the provision of social hygiene and if necessary, timely home-visiting services. Among their functions is help to patients in finding suitable employment, the forensic services and evaluation of disability pension qualification as well as the provision of a wide range of advice and consultation services to curative and prophylactic institutions. Treatment and disease-prevention centres work in close contact with polyc-

linics and hospitals, and in so doing expand the range of medical services provided to specific groups of patients.

Table 11

Number of Beds in Hospitals			
	1940	1975	per 10,000 population
Total of hospital beds	790,900	3,009,200	117.8
including those for:			
therapeutic patients	102,300	656,300	25.7
surgical patients	99,400	411,400	16.1
oncological patients	1,700	50,600	2.0
gynaecological patients	33,600	169,400	6.6
TB cases	34,000	256,100	10.0
Infectious diseases cases	94,300	232,000	9.1
Children with non-infectious ailments	52,500	375,100	14.7
Ophthalmological patients	13,400	41,900	1.6
Ear, nose, throat disease patients	6,900	46,000	1.8
Skin and VD patients	15,400	67,100	2.6
Nervous disease patients	10,000	94,000	3.7
Mental disease patients	82,900	312,600	12.2
Expectant mothers and lying-in women	113,500	210,500	8.3
All-purpose beds	119,700	73,600	

Table 11 shows the trend in the expansion of number of beds in hospitals which testifies to the intensive development of specialist services provided by them.

Compared with the 1940 level, the available hospital beds are now strictly specialised, especially in surgery wards. Specialisation of

hospital beds is particularly marked in neurosurgery, oncology, nephrology, etc. At the same time therapeutical disciplines continue to undergo further differentiation. New therapeutical institutions, units and clinics are being set up for heart disease patients, rheumatism sufferers, gastro-enterological and pulmonological patients, and other categories of internal disease patients.

Outpatient polyclinic services are rapidly becoming more specialised, too. Evidence of this is the organisation of specialist units and departments at existing polyclinics and the setting up of specialised treatment and disease-prevention centres.

Between 1971 and 1975 the number of endocrinological units within polyclinics increased by 23 per cent to reach a total of 3,200, that of cardio-rheumatological by 12 per cent to reach 3,550, and the number of urological units by 14 per cent to reach a total of about 3,000. In this period 269 allergological units were set up, the number of dental laboratories, dentist surgeries and units reached 6,200 and the number of stomatological polyclinics rose by 164 to reach 947 in 1976.

The number of outpatient polyclinic institutions grows from year to year. In recent years specialised outpatient polyclinical institutions operating independently or as part of hospitals such as chronic disease patient rehabilitation units, intestinal infections units attached to polyclinics, haematological and gerontological units have become quite popular.

Apart from large general hospitals and large polyclinics with specialised units and departments, specialised hospitals are developing intensively to cater for infectious disease and mental patients, TB cases, as well as new

maternity homes and specialised clinical hospitals. The accent here is laid on suitable organization and the construction of large hospitals. Under the ninth five-year economic development plan, 18 psychiatric hospitals with a combined total of 9,000 beds were built.

Besides small specialised units, treatment and disease-prevention centres and other institutions, providing highly skilled medical aid to the population in a number of specific, rather narrow fields, large specialised medical centres are also being built in this country.

Usually such medical centres are a combination of outpatient and inpatient departments capable of providing every type of medical aid to the population. There are centres specialising in heart surgery, neuro-oncology, nephrology, including those treating patients suffering from chronic renal deficiency, pulmonology, etc. Almost 200 new centres for the treatment of myocardial infarction cases, over 120 cardio-rheumatological, about 50 heart surgery centres, 55 vascular surgery centres, almost 50 nephrological centres, 15 kidney transplant centres and 60 centres for the treatment of burns, have been set up recently.

Specialised medical centres provide qualified medical aid to the population of several regions and even republics. Such centres are generally set up on the basis of large medical research institutes. Thus, the Academician Bakulev Institute of Cardiovascular Surgery of the USSR Academy of Medical Sciences maintains a major cardiovascular surgery centre, and the Burdenko Institute of Neurosurgery of the USSR Academy of Medical Sciences is the core of a neurosurgical centre. In recent years large specialised units, laboratory complexes, clinics and outpatient departments have been set up in

oncology, cardiology, gynaecology and pediatrics. These are all centres of national importance in their respective fields. Interestingly, they have been built on money earned by the population taking part in the communist *subbotniks*.

THE AMBULANCE SERVICE

There is a far-flung network of ambulance stations and units in the Soviet Union. In 1976 it comprised almost 4,051 units and responded to over 71 million emergency calls.

Ambulance stations are generally set up in cities with half a million and more inhabitants. These stations maintain all the necessary services and have specially equipped ambulance cars, most of which have radio and telephone equipment to get in touch with ambulance stations in case of need. Until 1971 polyclinics had emergency aid units to take care of emergency cases in their districts calling for skilled assistance at any time of day or night. These units also maintained a fleet of ambulances and cars to take doctors to the patients. In large towns and cities ambulance stations also have hospitalisation sections which are supplied with up-to-date information on the availability of places in curative and prophylactic institutions which receive patients and accident victims.

Since 1971 ambulance and emergency units have been integrated into a single system of ambulance services (stations and units). This has helped to make the provision of ambulance services more efficient. Large specialised ambulance hospitals with 500 and more beds each are being set up and linked with ambulance

stations in the area. Already over 50 such hospitals are operating with a combined total of 30,000 beds, and new ones are being built.

With the expansion in the network of ambulance stations their staffs have been increased: between 1960 and 1975 the number of staff more than trebled and reached about 25,000 in 1975. Specialised ambulance teams which go out to provide emergency medical aid and take certain categories of patients to hospitals are becoming ever more widespread. At the moment there are several hundred of such specialised ambulance teams, which provide reanimation, traumatological and toxicological services, help heart failure victims and provide emergency aid to children.

Three medical research institutes in Moscow, Leningrad and Kharkov carry on research into the urgent problems of ambulance and emergency services.

In the rural areas ambulance services are provided by special units attached to central district hospitals or by independent district ambulance stations.

For instance, over the past decade these medical establishments have responded to nine times as many calls as in the previous ten years and an estimated 4 million people have received expert medical attention.

Apart from the far-flung network of ambulance stations and units and ambulance hospitals, many large regional hospitals also maintain an air ambulance service to rush qualified medical aid to accident victims and gravely ill patients in places difficult of access or in cases when the patient has to be taken to the right type of hospital without delay. Air ambulance service is of tremendous importance, indeed indispensable, in some parts of the Soviet Far

East and North and in the boundless steppes of Central Asia and Kazakhstan. There are not many countries in the world which maintain such a service.

MEDICAL CARE FOR WORKERS IN INDUSTRY

Hospitals, polyclinics, treatment and disease-prevention centres in urban and rural areas provide medical care to the population of the localities they cater to. At the same time there are medical services which are set up with due regard to the specific features of the working and living environment of certain occupational groups. These complement the overall system of medical institutions in the USSR. Such services include those designed to provide medical assistance to the workers and office employees of industrial enterprises. The basic unit of such services is what is known here as the medical and sanitary centre. The first such centres were set up prior to the Second World War, but the need for them became particularly acute during the difficult war years, when the Soviet people had to endure great hardships. To help alleviate the burden in- and outpatient units began to be established at large factories and plants.

A typical medical and sanitary centre is a conglomeration of all medical units and institutions operating at a particular industrial enterprise, including an inpatient department, a polyclinic, medical posts (established at individual shops), as well as what is known as a prophylactorium, i.e. an overnight sanatorium in which workers and office employees of a factory or plant requiring treatment and con-

stant specialist observation stay the night. In addition, the medical and sanitary centre may also include a nursery, a kindergarten, a pharmacy, a dietetic canteen and some other units.

A medical post is a health post set up directly in the shop and staffed either by medium medical personnel such as doctor's assistants and trained nurses, or by doctors and medium personnel. The personnel of a medical post administers aid directly to those working on the shop floor, performs various prophylactic functions, supervises the observance of industrial safety rules and hygienic standards. In all cases requiring competent medical attention a medical post refers its patients to the polyclinic of the medical and sanitary centre which in their turn, if necessary, send them to the inpatient department of a medical and sanitary centre or to a city hospital.

To raise the standard of medical aid administered to workers at industrial enterprises, the number of medical and sanitary centres and medical posts, particularly those staffed by doctor's assistants, is growing from year to year. Indeed, whereas in 1946 the USSR had a mere 430 medical and sanitary centres, in 1965 they totalled almost 1,200 and ten years later, over 1,400 (see Table 12).

Medical aid administered at industrial enterprises also follows the area principle with the areas being the different shops of a particular enterprise with a definite number of workers. The area doctors are usually those on the staff of medical posts and medical and sanitary centres. These doctors jointly with the medium medical personnel carry out medical supervision of the health of the workers with emphasis on preventive measures.

Table 12

Health Institutions Maintained by the USSR Ministry of Health at Industrial Enterprises

Types of institution	1965	1975
Medical and sanitary centres	1,196	1,405
Inpatient departments	960	989
The number of hospital beds in them	147,327	205,047
Medical posts	29,257	33,814
including those staffed by doctors	3,425	2,648
doctors' assistants	25,832	31,166
Shop floor therapeutic units	9,356	14,158

MEDICAL CARE IN RURAL AREAS

The vast territory of the Soviet Union is noted for an infinite variety of geographical and climatic conditions which affect the mode of life of the people, particularly those in the countryside. This fact is being taken into account by those in charge of the organisation of medical aid to the rural population. The main task here is to locate medical institutions as close as possible to the places of residence of rural dwellers.

One way of doing so is to set up primary medical centres which provide primary medical aid before referring the patients to qualified doctors. These primary medical centres usually have several rooms with 2 or 3 beds each and are staffed by a doctor's assistant, a midwife and a medical nurse. The doctor's assistant receives his patients in one room; another room is set aside for lying-in women without deviations from the normal, the third for post-confinement women, the fourth room for the medical nurse, etc.

A major function of the primary medical centre is to provide outpatient services to the population. In cases when the professional knowledge of the doctor's assistant is inadequate he refers his patient to a doctor at the nearest hospital.

Prophylaxis and improvement in sanitary and hygienic standards locally are important functions of these medical centres. The doctor's assistants, midwives and nurses are in duty bound to give the local inhabitants health instruction and to train some of them as voluntary sanitary inspectors, and with their assistance to supervise the observance of basic hygienic and sanitary standards locally and work to improve the environment.

Usually such primary medical centres are located in villages where there are village Soviets—the primary bodies of state power—and are designed to serve from 300 to 900 people. They are thus able to administer medical aid to the inhabitants not only of the given village, but also, as is often the case, to those of the neighbouring villages.

The number of primary medical centres in rural areas is growing. In 1975 there were 92,000 of them and they were staffed by more than 195,000 doctor's assistants and midwives.

The organisation of medical services for rural dwellers is noted for a number of specific features. There are three levels in this system. The primary stage is the provision of medical aid to the rural population through rural hospitals.

As we have already mentioned above, the territory of rural districts is divided into medical areas with 5,000-12,000 people each. An area is served by a rural hospital with at least

35 beds. It is expedient to set up larger rural hospitals, with 100 beds each, but so far hospitals with 35-75 beds still predominate in rural areas. Each of these hospitals has an inpatient and an outpatient department. The beds in inpatient departments are usually intended for patients with internal, surgical, gynaecological and infectious diseases, as well as for lying-in women. A rural hospital has at least 4-5 doctors: an internist, a surgeon, an obstetrician, a gynaecologist, a pediatrician, and also a dentist.

The head doctor of a rural hospital and his colleagues are responsible for the provision of medical aid to all the people in the medical area, and also for the work of primary medical centres staffed by doctor's assistants and midwives. On specified days, planned well in advance, they make a round of these centres to examine the patients. Apart from that they go out to these centres whenever they are summoned by the doctor's assistant, midwife or nurse in charge.

The second level is the district hospital, the basic medical institution of the district where qualified medical aid is administered by specialists (10-12 different specialists). A typical rural district now has 2 or 3 hospitals, one of which acts as the central district hospital coordinating and supervising all public health work in the district in question.

Apart from therapeutic, surgical, pediatric, obstetric and gynaecological and infectious disease sections, a district inpatient hospital has sections or wards for patients with ear, throat and nose diseases, nervous diseases, skin diseases, etc. District hospitals have outpatient departments (polyclinics) which apart from providing outpatient services to the local in-

habitants also act as consultation centres for the other medical institutions of the district including the rural hospitals.

A typical district hospital usually has 100 and more beds. District hospitals are being expanded to accommodate 250-400 inpatients and more. Even now the average handling capacity of district hospitals is about 200 inpatients. Out of a total of 3,000 central district hospitals, over 1,000 have over 200 beds each, while 100 hospitals have 400 beds and more.

A central district hospital (even when it is the only one in the given district) is also the administrative centre controlling the work of all public health institutions in the rural district. Its head doctor is at the same time the chief surgeon of the district, with all the medical workers including the head doctors of rural hospitals and other curative and prophylactic institutions reporting to him.

The third level is represented by the regional hospital. This is usually a large general hospital with 600 or more beds. It includes a polyclinic where doctors administer outpatient aid to rural dwellers referred to them from district and even directly from rural hospitals and an inpatient department with a full range of specialised sections. (A typical inpatient department has 12-20 different sections.)

Regional hospitals being centres of highly skilled specialist medical services for the rural population provide excellent facilities for the advanced retraining at refreshment courses of doctors working in the medical institutions of the region, particularly in rural and district hospitals, and as a training centre for secondary medical schools graduating medium medical personnel. Staffed by highly trained specialists, regional hospitals are called upon to provide

assistance to all curative and prophylactic institutions in the region. All regional hospitals have conventional ambulance units fully equipped not only to rush specialists to administer emergency aid, but also to bring in the patients; many regional hospitals have air ambulance services.

The district and regional inpatient hospitals cater to an estimated 60 per cent of all patients in rural areas. The remaining 40 per cent are taken care of by rural hospitals and curative and prophylactic institutions in the towns. A considerable proportion of the rural population receives treatment in inpatient urban curative and prophylactic institutions (over 25 per cent of all patients from rural areas). Differences in the provision of medical assistance to the urban and rural populations in the USSR are gradually disappearing. This is reflected in the continuing levelling out of the proportion of urban and rural patients receiving hospital treatment. While in 1950 the number of hospitalised patients was 15 per 100 town dwellers and 8 per 100 rural dwellers, in 1975 hospitalisation rates for both rural and town dwellers was roughly the same, 20 and 21 per cent respectively.

MOTHER AND CHILD CARE

It is an obvious fact that the health of a people is primarily a matter of the health of a rising generation. The Soviet Government since its very first days has invariably devoted particular attention to reducing infant mortality and controlling infectious diseases affecting children. A special decree on the fight against high infant mortality was issued which noted with pain and indignation that "in Russia

2,000,000 infant lives were annually extin guished because of the ignorance and backward ness of the oppressed people, because of th indifference and neglect of the class-divide state. Every year 2,000,000 suffering Russia mothers shed bitter tears while filling with thei toil-hardened hands the early graves of thos innocent victims of the ugly state system."

On the eve of the Great October Socialis Revolution, Russia had nine outpatient mothe and child centres. In 1913 there were only 7,50 beds for expectant mothers and lying-i women, while in what are now the Centra Asian Republics there were only 120 obstetri beds. There were practically no pediatrician and no trained obstetricians and gynaecolog ists.

A mere 5 per cent of all confinement deliverie were medically assisted. It is no wonder there fore that over 30,000 women died annually o septic post-natal diseases. Pre-school institution were practically non-existent since all of Russi had nursery accommodation for only 550 childre and less than 4,000 children attended kindergar tens.

The young Soviet state had to build it mother and child services from scratch.

By 1940 the USSR had a modern an efficient system of medical care for mother and children. The system comprised a larg number of outpatient, polyclinic institutions The hospitals deployed some 90,000 beds fo children. Nearly 1,000 children's sanatoria wit accommodation for 95,000 had been estab lished. In maternity homes and obstetric depart ments the number of beds for expectan mothers and lying-in women had reache 147,000 and there were another 33,000 beds fo gynaecological patients. Special departments t

train pediatricians began to be set up at medical colleges from the 1930s. The first of these was opened in the Second Moscow Medical Institute named after N. I. Pirogov. Before the Second World War the country had a total of 19,500 pediatricians and more than 10,500 obstetricians and gynaecologists.

The basic medical institution for administering qualified medical aid to children was the children's hospital usually combined with a children's consultation centre or a children's polyclinic. Medical aid to expectant mothers and lying-in women was provided by maternity consultation centres, maternity homes and obstetric departments of hospitals. These institutions provide effective therapeutic and prophylactic aid to women from the first months of pregnancy and to children from the day of birth until the age of sixteen, when they leave secondary school.

The health services for women and children like those for the rest of the country's population follow the area principle. For every 800-1,000 children of an urban district there is a pediatrician in the nearest children's polyclinic. Like the area doctor, the pediatrician acts as a family doctor, giving professional medical advice and administering medical assistance, consultation and preventive aid to children. His immediate assistants are the medical nurses on staff of children's polyclinics who visit the children at their homes not only to help the doctor in the administration of treatment, but also to train the mothers and other members of the family in child care, to give them general health instruction etc.

Within the first year of a child's life the pediatrician and medical nurse make 15-20 home visits. Pregnant women are also served

by obstetricians, gynaecologists and medica
nurses on the area principle. They are supposed
to see the doctor at least once a month
beginning with the third month of pregnancy. I
there are no deviations from the normal, every
expectant mother visits her doctor 6 or 8 times
The maternity consultation clinics, like
the children's polyclinics, also provide home
visits of doctors and medical nurses to the pa
tients.

Thus, these mother and child care institutions
ensure continuous medical observation and
supervision of the health of mothers and
children thereby carrying into effect the
prophylactic principle underlying the entire
system of public health in the USSR. This
system is supplemented by pre-school chil
dren's institutions, nurseries and kindergartens
some of which have been integrated into
nursery-cum-kindergarten complexes. In the
nurseries and kindergartens the children are
kept under constant medical observation by
staff pediatricians. In addition to the area
pediatricians, and those working at pre-school
children's institutions, there are also school
doctors who keep under medical observation
the health and physical development of all the
pupils, paying particular attention to prophylac
tic measures such as health education, control
of prophylactic vaccinations and other sanitary
measures.

It is to be noted that children's polyclinics
and maternity consultation centres carry out
prophylactic observation as the principal
method of work. This takes the form of
summons of expectant mothers to the maternity
consultation centres for examination, home
visits by doctors and nurses and early detection
of disease in infants and pregnant women and

the provision of timely aid. Children with poor health are sent to schools situated out of town which are known as "forest schools". These are unique educational and medical institutions which provide excellent conditions for normal study and medical supervision by highly skilled specialists. There are also special institutions for expectant mothers where they can rest under constant medical observation.

Table 13 below indicates the trend in the increase of the number of mother and child care institutions as well as in the number of pediatricians, obstetricians and gynaecologists.

Table 13

Mother and Child Care Institutions (thousands)

	1940	1950	1965	1970	1975
Maternity consultation clinics, children's polyclinics (independent and attached to other medical institutions)	8.6	11.3	19.3	21.0	22.079
Beds for pregnant and lying-in women	147.1	143.0	227.0	224.0	223.0
Number of pediatricians	19.4	32.1	71.7	79.0	96.3
Number of obstetricians and gynaecologists	10.6	16.6	35.4	40.5	49.6

As the table shows, the number of specialists employed in mother and child care has in-

creased several-fold. In 1976 there were 33 doctors per 10,000 of the population of whom 3.8 were pediatricians and 1.9 obstetricians and gynaecologists. These figures prove that women and children in the USSR are adequately provided with highly qualified specialist medical aid.

This high level of mother and child care has naturally produced a sharp improvement in the health of mothers and children. Today practically all women give birth under qualified medical supervision and 90 per cent do so in maternity homes.

During the period 1965-1975 the number of pre-school institutions increased by 70 per cent. In 1975 there were over 115,000 nurseries, kindergartens and nursery-cum-kindergarten complexes accommodating over 11.5 million children.

The care of the Soviet state for mother and child is by no means confined to the provision of medical aid. In the USSR mothers and children are given extensive, all-round assistance. Suffice it to say that there are laws according to which all working women—workers, office employees or collective farmers—are entitled to 112 days of fully paid maternity leave. In cases of the birth of two or more children or childbirth complications the leave is automatically extended. After the childbirth a woman may not work for a full year, during which time she retains her job and a continuous work record. Nursing mothers are entitled to additional rest and breaks during the working day.

Apart from these and other privileges and benefits there are allowances to mothers of large families and unmarried mothers, to children in low-income families, etc.

SANITARY AND EPIDEMIOLOGICAL SERVICES

Sanitary and epidemiological services play an important part in implementing the prophylactic principles of the Soviet health services. Before the October Revolution such services were practically non-existent. There were very few epidemiological specialists and sanitary inspectors and only in some of the larger cities.

Shortly after the establishment of Soviet power, during the Civil War and economic dislocation the Soviet Government attached great importance to setting up a sanitary and epidemiological service. In 1922 the Council of People's Commissars of the Russian Federation issued a specific decree on sanitary bodies of the Republic. The decree clearly defined a whole package of tasks facing the state control and supervision bodies. A special statute was adopted which defined the terms of reference of sanitary bodies working under the public health ministry. In particular there was to be one sanitary inspector per 50,000 of urban population. The functions of sanitary inspectors in supervising the sanitary condition of the housing stock and controlling the observance of sanitary standards in the production and storage of food products were clearly defined.

During those years the first-ever sanitary station was set up in the city of Gomel, Byelorussia, which was the prototype of sanitary and epidemiological stations that were created later and eventually became the main institutions in the field of sanitary and anti-epidemiological work. Such sanitary and epidemiological stations began to be set up countrywide in 1932.

The basic responsibility of sanitary inspectors

and sanitary institutions was preventive sanitary inspection and supervision, preventive and current sanitary supervision being the main trend in the activities of the country's sanitary and epidemiological service.

In 1935 an All-Union State Sanitary Inspectorate was set up to increase the responsibility of the country's sanitary and epidemiological service and to enhance its authority. The main function of the Inspectorate was to provide guidance in the efforts to control epidemics.

In 1940 the USSR had some 2,000 sanitary and epidemiological stations staffed by 12.5 thousand doctors. The efficient organisation of anti-epidemic work made itself felt during the Great Patriotic War: there were no major epidemics in the USSR. After the war the country's sanitary and epidemiological service continued to improve and expand.

In 1975 the USSR had a total of 4,754 sanitary and epidemiological stations staffed by 49,000 of sanitary doctors, epidemiologists, bacteriologists and virusologists.

Working in close contact with the sanitary doctors and epidemiologists are their assistants with secondary medical education. By 1976 the number of these assistants had reached 48,000. In addition there were over 92,000 of disinfection instructors, members of the technical services called upon to prevent the spread of infectious diseases and to treat the foci of such diseases if and when they occur.

The sanitary and epidemiological stations handle a tremendous amount of work. Thus in 1974 over 1,500,000 houses, over one million foodstores, restaurants, dining rooms and similar establishments, over 168,000 industrial enterprises, over 391,000 schools, nurseries, kindergartens and other establishments were co-

vered by regular sanitary inspection and supervision. A total of 12 million sanitary surveys were conducted and 14 million sanitary-bacteriological and almost 8 million sanitary-chemical tests were carried out.

As mentioned earlier on, the sanitary and epidemiological station, the basic unit of the country's sanitary and epidemiological service, organises all sanitary and anti-epidemic measures in its particular area (district, town, etc.), and exercises sanitary supervision, that is to say, sees to it that all sanitary regulations and standards are strictly observed by all organisations and institutions. In the USSR work may not be started on any industrial or other purpose construction project without agencies of the sanitary and epidemiological service giving their approval. These agencies enjoy broad powers up to imposing a fine on or even closing down the offending enterprises.

The country's sanitary and epidemiological service employs doctors of many different specialities, including industrial hygiene, occupational diseases, communal hygiene, educational or school hygiene, food hygiene etc. The head doctor of a local sanitary and epidemiological station is simultaneously chief sanitary inspector of the corresponding administrative territorial unit—district, town etc.

* * *

The importance of having adequate numbers of qualified medical personnel for an efficient public health service can hardly be overemphasised. The World Health Organisation at its successive assemblies has repeatedly stressed that the training of qualified medical personnel is a major task of any country. The resolution

adopted by the 23rd World Health Assembly and other relevant documents speak of the training of medical personnel as a top priority task facing all countries. It is small wonder, therefore, that the availability of adequate numbers of trained medical personnel is universally recognised as a major and eloquent index of the standard of a public health service.

The Soviet Union has solved the problem of training adequate numbers of qualified medical personnel. In terms of the availability of doctors and medium medical personnel, the USSR is ahead of many of the world's economically advanced countries.

This brings us up to the question our foreign colleagues often put to us: whether it is all that necessary to keep increasing the numbers of trained medical personnel. The present plan of social and economic development in the USSR between 1976 and 1980 provides for a further considerable increase in the number of doctor's assistants, medical nurses and other medical personnel. The number of doctors is to reach one million, in other words, there will be 38 doctors per 10,000 population. In the USSR as in other socialist countries the number of doctors and other medical personnel grows at a far higher rate than the overall population. Between 1960 and 1975 the USSR's population increased by an estimated 17-18 per cent while the number of doctors doubled.

It may well be asked if there is any point in continuing to increase the number of trained medical personnel now that the USSR is already ahead of many of the world's economically advanced countries in that respect. This question has a direct bearing on one of the main principles of socialist health system and other aspects of the development of public

health services in socialist countries. The experience gained by the USSR and other economically developed countries shows that the existing number of doctors and medium medical personnel is sufficient to provide the population with qualified medical aid. However, the objectives of the social and preventive trend prevailing in the activities of the USSR's health service require a still more intensive development and improvement of the training of medical personnel and the material and economic basis of the country's public health service. Preventive measures are increasingly covering people who do not suffer from ill health. The slogan "Keep the healthy healthy" is increasingly becoming the motto of the prophylactic trend in the Soviet Union's public health system. The implementation of this major trend and notably the expansion and improvement of the disease-prevention service as its most effective method calls for a considerable increase in the scope and scale of medical examinations and check-ups carried out to identify those people who develop initial pre-morbid states, to identify "risk groups" and conduct large-scale medical and social measures in the field of medical rehabilitation, to develop home-visiting service and carry out many other measures aimed at disease prevention. Much remains to be done in this sphere to place the entire urban and rural population under efficient prophylactic observation (so far only roughly a quarter of the Soviet Union's population has been covered by the disease-prevention service).

The 25th Congress of the CPSU emphasised in its decisions the importance of developing further the social and prophylactic trend in the country's public health system. The basic

guidelines for the USSR's economic development between 1976 and 1980 point to the need to focus the attention of medical research centres and practical public health workers on developing successful methods of preventing and treating cardiovascular diseases, malignant tumours, viral lesions, nervous diseases, occupational diseases and other ailments and conditions which are major health problems today.

Medical researches into the major and pressing public health problems, environmental protection and nature conservation are increasingly becoming part and parcel of the social and prophylactic activities carried out by the Soviet health service. Close attention is being given not only to applied research but also to basic pure research in the field of medicine as emphasised by the 25th Congress of the CPSU.

Between 1976 and 1980 the basic tasks facing Soviet medical scientists will be to intensify and expand basic research in the fields of molecular biology, physiological and biochemical and immunological principles of life processes in the human organism, research into the full range of medical and biological problems including investigations into the substance of life and the living cell, biological mechanisms governing the evolution of the organic world, studies of the physics and chemistry of living matter, exploration of various ways of controlling vital processes including metabolism, heredity and modification of processes at work within the human organism in desired ways. These and other trends in basic medical research, apart from their strictly theoretical significance, will pave the way for further progress of applied medical research and in particular for developing effective methods of treatment and prevention of various diseases. For lack of space here we

cannot deal in any detail with progress made thus far in the various fields of medical research. We shall only point out that the USSR has developed sufficiently diversified and adequate technological facilities for medical research. These facilities include over 400 research centres and medical colleges staffed by over 70,000 medical scientists and teachers. As the progress of medical science which provides the technological support for the practical job of safeguarding public health gets top priority attention, the USSR trains large numbers of research workers in a variety of medical and biological fields. Incidentally the number of medical research workers and teachers for medical colleges and other training centres is growing somewhat more quickly than that of doctors and medium medical personnel. Over the past ten years the number of medical researchers and teachers has more than doubled.

Over the next 10 to 15 years the basic tasks facing the USSR in the field of forecasting future trends in public health include an intensive development of the prophylaxis, the expansion of the disease-prevention service to cover the country's entire population, the further expansion of specialist medical aid through creating large curative and prophylactic establishments and complexes, the levelling out of the standards of health care available to the urban and rural populations, further amelioration of human environment, the improvement of the sanitary conditions, intensive application of computer technology to public health and medical science needs, the improvement and increase in the output of medical instruments, equipment and medicines, and intensification of the medical and biological research activities in major fields. The tackling of these tasks which

was the subject of a detailed discussion at the 17th Conference of Public Health Ministers of the Socialist Countries held in Moscow in 1976 will make it possible to raise the efficiency and quality of health care in the socialist countries which is the major task facing their public health systems.

Space has allowed us to deal with only some of the various aspects of the Soviet public health system but even so we hope that the foregoing will help the reader to form an idea of how the Soviet health service operates enabling every Soviet citizen to exercise to the full his right to expert medical care.

The Soviet state's social policy coupled with a government-run public health service is the best guarantee of the exercise by the Soviet people of one of their basic social rights—the right to health care. Significantly the new Soviet Constitution contains a special clause to this effect. In the words of the Constitution:

"Citizens of the USSR have the right to health protection.

"This right is ensured by free, qualified medical care provided by state health institutions; by extension of the network of therapeutic and health-building institutions; by the development and improvement of safety and hygiene in industry; by carrying out broad prophylactic measures; by measures to improve the environment; by special care for the health of the rising generation, including prohibition of child labour, ... and by developing research to prevent and reduce the incidence of disease and ensure citizens a long and active life." (Art. 42.)

Under socialism the interests and material well-being of the working man come first. In the USSR the good health of every man and woman is the nation's chief asset.

Konstantin
Batygin

SOCIAL INSURANCE AND SOCIAL SECURITY

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HISTORICAL BACKGROUND

It is axiomatic that to get to know the essence of a social phenomenon better one should examine the historical background to it and analyse the main stages of the evolution of this phenomenon.

We would like to begin then with a brief historical account of the shape of social insurance and security in pre-revolutionary Russia, and later examine the formative stages of the system of security for the aged and the disabled currently in force in the USSR.

In the Russia of the late 19th century there was no legislation on compulsory insurance for industrial workers and the insurance and security as a whole was left to the discretion of the employers, who were expected to look after those of their employees who had the misfortune of sustaining injuries while on the job. A typical accident occurred at the Yartsevo textile mill owned by Khludov. A cylinder burst, injuring several workmen, one of whom had his arms badly scalded and several ribs fractured. Following prolonged negotiations the employer "made a concession" and paid the victim five rubles per fractured rib....

Russia had entered the 20th century. Under the pressure of the revolutionary workers' movement, on June 2, 1903, the government passed a decree on the liability of employers

for industrial accidents affecting their employees. In 1904 the tsarist government promised "to further develop the measures already taken to improve the lot of the workers of factories, plants and mines, and consider the introduction of state insurance schemes for them". The consideration of the scheme took more than seven years and only in 1912, again under the pressure of an escalating revolutionary struggle by the working class, the government passed legislation relating to a state insurance scheme for industrial workers.

However that legislation was little more than a half measure, as only seventeen out of every hundred workers could qualify for state insurance.

The legislation covered only security in case of illness, temporary disability due to an accident on the job, and maternity benefits for women workers. There were no old age pensions, nor disability pensions, nor pensions in the event of the loss of the breadwinner. A worker was eligible for sickness benefit of from half to two-thirds of his average earnings provided he had dependents. Single workers were only entitled to a sickness benefit of from a quarter to half their average earnings.

Further, sickness benefits were payable for only thirty weeks during any given year. This provision had been patterned on the German legislation on state insurance for workers with this difference: while a German worker after a prolonged illness was referred to the care of an institution looking after insurance against disability, his counterpart in Russia was left to his own devices without any means of livelihood.

The sickness benefit was payable not earlier than the fourth day of illness. As a result many workers who were covered by insurance were

virtually denied any material security in case of illness lasting less than four days.

The situation was little better in respect of maternity benefits for women workers. Expectant mothers were entitled to a maternity benefit provided they had worked no less than three months at a particular enterprise before childbirth and then, the maternity benefit was payable only during two weeks before childbirth and four weeks thereafter.

The workers themselves had to shoulder most of the burden of financing social insurance schemes since they contributed to the social security funds 50 per cent more money than the employers.

The administration of social insurance schemes was such that members of the propertied classes had the decisive say in all insurance bodies. Thus, it was either the owner of a factory or his agent who usually took the chair at the general meeting of members of a sick fund.

Even a cursory survey of the insurance legislation of the pre-revolutionary Russia shows that its system of social insurance was far too inadequate to meet the needs of the working people and condemned the aged, invalids and families who had lost their breadwinner, to poverty and starvation.

The working class of Russia was in no mood to accept this unsatisfactory state of affairs and waged a determined struggle to obtain a revision of the tsarist government's legislation on social insurance. Lenin formulated the demands of the proletariat in the field of social insurance whose implementation in its entirety did not come about until the overthrow of the tsarist regime and the transfer of state power to the workers themselves.

Five days after the victorious October Revolution the Soviet Government informed the working class of Russia along with the urban and rural poor of the immediate enunciation of decrees on full social insurance based on the demands of the workers: social insurance should cover all wage workers without exception along with the urban and rural poor and must be available in all cases such as sickness, industrial injury, disability, old age, maternity, widowhood, orphanship and unemployment. All expenses involved in financing insuring schemes were to be borne by the employers, while supervision and administration of social insurance schemes were to be effected by the workers themselves.

This announcement was followed by the enunciation of decrees which laid the foundations of a comprehensive social insurance and security scheme for Soviet citizens.

Chapter One

AN OUTLINE OF THE SOCIAL SECURITY AND INSURANCE SYSTEM IN THE USSR

In line with its prime goal of insuring a steady improvement in living standards and well-being of the people, the socialist state sees as one of its basic tasks creating favourable economic conditions and ensuring that each citizen of the USSR is able fully to enjoy his right to material security in old age, in case of illness, and in the event of total or partial disablement and loss of the breadwinner.

This right is assured by the social security coverage of every factory and office worker and collective farmer; by old-age pension schemes, by disability, loss of breadwinner pensions and temporary disability allowances; by rehabilitation of temporary disability victims and by care for the single aged and disabled.

Under socialism payment according to the amount and quality of work done is the basis upon which material benefits are distributed. At the same time additional sources of meeting the material and cultural needs of the working people such as social consumption funds are used widely. At present the consumption funds provide roughly one-quarter of the total of material benefits available to the population. These are distributed to Soviet citizens free of charge or on favourable terms irrespective of their performance on the job.

The social consumption funds are the source of finance for free medical aid available to the

entire population, for free education and retraining and improvement of qualifications. These funds also finance pensions of all kinds, maintenance grants and scholarships for students, temporary disability benefits, benefits for unmarried mothers and those with many children, annual paid holidays for workers and office employees, maternity leaves etc. The social consumption funds are also used for many other purposes, such as the provision, either free of charge or on favourable terms, of accommodations at sanatoria and rest homes, accommodations at holiday hotels, tourist centres, the upkeep of children in nursery schools and kindergartens, at boarding schools and after-school groups, and the maintenance of the homes for the aged and disabled.

The social consumption funds are constantly growing. In 1976 the payments and benefits out of these funds comprised 94,500 million roubles, and in 1980 they will reach not less than 115,000 million roubles.

The social consumption funds are a major means of supplementing family budgets. A typical family of four received in 1975 about 1,415 roubles in allowances, pensions, student maintenance grants, holiday pay and other benefits. On average the social consumption funds augment family budgets by 50 per cent. The generous allocations to solve social problems facing the whole of Soviet society are the best indicator of the attention and care the Soviet state gives to ensuring a steady rise in living standards.

The realisation of the constitutional right of Soviet citizens to maintenance in old age and in case of disability is effected by a variety of ways which form an essentially uniform system.

The basic components of this system include:

a) state social insurance of industrial and office workers and their families;

b) social insurance and security schemes for collective farmers;

c) state social security schemes for the servicemen, students and certain other categories of citizens.

The state social insurance covers all workers and office employees irrespective of whether they work permanently, seasonally or temporarily. Under the Soviet law private individuals may hire housekeepers, drivers, secretaries, etc. to cater for their daily needs. All people so employed are also entitled to state social insurance on the same basis as the rest of the working population. The employees of religious organisations (office cleaners and charwomen, janitors, street-sweepers, boiler room workers etc.) are eligible for state social insurance provided the labour contract they conclude is supervised by a trade union representative. State social insurance also covers lawyers who do not belong to the category of industrial workers or office employees.

Workers and office employees are entitled to old age and disability pensions and their dependents, to a pension in the event of the loss of the breadwinner. Certain employees, notably teachers and doctors, may be eligible for long service pensions payable to those with a specified work record in their particular field irrespective of their age and fitness for work.

State social insurance funds are used to provide temporary disability allowances to workers and office employees, and maternity grants to women workers. Mothers are entitled to a lump sum payment upon childbirth. If a

person dies, a lump sum is paid to his relatives to cover funeral expenses.

Considerable sums are spent out of the social insurance funds on disease-prevention measures such as a rest and cure at sanatoria and health resorts, accommodation at rest homes, dietetic food for those who need it, accommodation of children at summer camps and other measures aimed at safeguarding the health of the country's population.

In the Soviet Union factory and office workers do not have to contribute to social insurance. State social insurance fund is made up of contributions paid by industrial enterprises, offices and organisations. But the main source is the centralised social insurance fund maintained by the state and formed from deductions from the profits of industrial enterprises.

In 1977 the Soviet state allocated almost 30,000 million roubles for the national social insurance system and in 1978—31,4 million roubles.

SOCIAL INSURANCE AND SOCIAL SECURITY FOR COLLECTIVE FARMERS

Collective farmers are entitled to the same type of pensions and benefits as industrial workers and office employees. They are also eligible for curative and prophylactic assistance (accommodation at sanatoria and rest homes etc.). There are two funds to finance the expenses involved: the centralised national social insurance fund for collective farmers and the centralised national social security fund for collective farmers. The former derives its

income solely from contributions made by collective farms while the latter is a mixed fund as, apart from contributions made by collective farms, it is also supplemented from the state centralised social security fund. Like workers and office employees, collective farmers do not have to contribute anything.

State social security for servicemen, students and certain other categories covers pensions, benefits, accommodation at sanatoria and rest homes etc. The state social security is financed out of the state social security, centralised fund made up of deductions from profits in industry. The state social security centralised fund provides to all citizens, irrespective of whether they are factory workers, office employees, collective farmers, servicemen etc., artificial limbs and other prosthetic appliances, while the aged and invalids, if they so desire, may be maintained at government expense at special boarding-homes.

Each successive five-year economic development plan has provided for specific measures to improve pension schemes, increase the size of benefits, and expand the network of health and disease-prevention institutions.

During the ninth five-year plan (1971-1975) the minimum old age pensions for workers and office employees were increased by 50 per cent; at the moment the minimum old age pension is 45 roubles a month. All kinds of minimum pensions for collective farmers were also increased: the minimum old age pension for collective farmers went up by over 60 per cent, and pensions for collective farmers are now calculated in the same way as those for blue and white collar workers. As a result, about 16 million people had their pensions increased.

In 1973 it was decided to further raise pensions for the disabled and families who had lost their breadwinner. As a result, the material well-being of another 8 million pensioners from among former workers, servicemen, office employees and collective farmers, improved. The average size of pension for the disabled of the first category went up by 37 per cent, the pensions for the disabled of the second category by 47 per cent, pensions for families of workers and office employees with three or more dependents were increased by 42 per cent, while pensions for families with two dependents, by 55 per cent. The pensions for disabled war veterans went up even more impressively. In 1975 pension schemes were improved for the families of servicemen. In particular, the minimum pension for families with one dependent rose from 27 to 33 roubles. Disabled veterans of the Great Patriotic War are now entitled to much greater concessions in rent, privileges in health care etc.

Between 1971 and 1975 benefits to certain categories of factory and office workers were increased. Thus, maternity grants amounting to 100 per cent of the average earnings were introduced for all working women. Longer leaves to enable mothers to look after their sick children were introduced, along with a special allowance for children in low income families. More people were made eligible for temporary disability allowances amounting to 100 per cent of their average earnings, irrespective of the work record. A wide range of measures to improve social security and social insurance schemes will be carried out between 1976 and 1980 as part of the programme of social development and improving living standards adopted by the 25th CPSU Congress.

In particular, minimum pensions will be increased for industrial workers, office employees and collective farmers, further improvements will be made in the social security scheme for collective farmers to bring it closer to that covering factory and office workers. Families of the disabled of the first category from among collective farmers will receive a pension supplement. Handicapped children will be entitled to increased disability allowances irrespective of age. Mothers of large families will be entitled to pensions on more favourable terms than previously. At the same time working women will be entitled to a partly paid leave to enable them to look after their child until it reached the age of one. Pensioners will be given greater opportunities to work for pay and the network of homes for the aged and disabled will be further expanded.

Chapter Two

PENSION SYSTEM

Pensions are a major form of social security and insurance in the USSR. At the moment pensioners of all categories in the USSR number over 45 million; 30 million of them are old age pensioners.

Pension schemes, just as the whole of the social security and social insurance systems in the USSR, are financed wholly by the state and the collective farms. It is to be noted that pensions are not taxable.

PENSIONS FOR WORKERS, OFFICE EMPLOYEES AND THEIR FAMILIES

At present old age and disability pensions for workers and office employees and to members of their families for the loss of the breadwinner are subject to the Law on State Pensions adopted by the USSR Supreme Soviet on July 14, 1956.

Since 1956 the size of pensions has been significantly increased and more people have been made eligible for pensions, as a result of amendments and alterations aimed at improving the existing pension schemes.

Old age Pensions. In the USSR men become eligible for an old age pension at the age of

sixty provided they have at least 25 years work record. Women are entitled to an old age pension at 55 with at least 20 years work record.

During the drafting of the Law on State Pensions many different aspects of life in a socialist society were taken into account. Thus, the pensionable age was determined with due consideration for the average life expectancy in the USSR, for the average length of working life and for the traditions of a socialist society. Other factors taken into account were the actual necessity of measures aimed at improving the health care for the old people and a few other factors. In the USSR the pensionable age is among the lowest in the world and has been so since 1928, although the average lifespan has since increased from 44 to 70 years.

Eligibility for an old age pension is not related to the loss of capacity for work, while the pensionable age may not necessarily mark the start of old age in the medical and biological sense. Soviet gerontologists classify people aged 60-74 in the middle-aged category, while those aged 75-90 are considered to be in the aged class proper. There is ample evidence that for at least five years after qualifying for a pension the old age pensioners retain sufficient ability to continue working or return to full-time employment after a rest.

As noted above, one of the conditions of eligibility for an old age pension is a specified work record. In a country like the Soviet Union, where no unemployment exists, there is no difficulty in acquiring it.

The socialist system guarantees employment for every Soviet citizen. True, there was unemployment in the early years of Soviet society due to the economic dislocation caused

by the Civil War and foreign intervention. In 1930 unemployment was done away with never to reappear as a result of the outstanding success achieved in carrying out socialist industrialisation and rapid conversion of the country's agriculture to a collective and state farm system.

The right to work is one of the basic constitutional rights of Soviet citizens. This right is guaranteed by the socialist organisation of the economy, the steadfast advance of the country's productive forces, by the planned nature of the economy and by the eradication of causes for economic crises. In the USSR scientific and technological progress takes place amid full employment and is used to make work easier, eliminate arduous unskilled jobs and cut the working week while systematically increasing the wages and salaries.

Socialist society where exploitation of man by man has been abolished expects each of its able-bodied members to work for the benefit of the community. Every man and woman is therefore in duty bound to contribute to creating goods and services essential for his or her own welfare and the welfare of the rest of society. However, the duty to work which is the public duty of every able-bodied citizen in the USSR written to the country's Constitution, does not imply that anyone can be forced to work. The socialist organisation of labour is based on the strict observance of the principle of free will. A person's free choice of trade or profession is guaranteed in the USSR by the broad system of free general and specialised and vocational education and training and by the steady growth of socialist production on the basis of the latest achievements of science and engineering.

Nevertheless, there are cases when, for one reason or another, people fail to have the required work record by the time they reach the pensionable age (for instance, a wife while being able-bodied may for years be maintained by her husband). In such cases Soviet legislation provides for partial old-age pensions which are related to the actual work record on a proportional basis.

The work record required for an old age pension is not to be interpreted literally as the length of actual work. Under relevant Soviet legislation the work record includes many periods of various activity regarded as socially useful which a person may have done.

The USSR trains large numbers of engineers, technicians, doctors, teachers, agronomists etc. in higher and secondary specialised educational establishments. In 1976, 9.6 million young people studied there. About two million young specialists join different enterprises of the national economy annually. It goes without saying that it would be unfair to leave out of account the years spent at a college or university in calculating a person's work record required for an old age pension. And so the years of study at an educational institution are included in a person's work record on a par with the years of his actual work.

The Soviet Union has a large-scale network of vocational and trade schools training skilled workers for industry. In 1976, 1.5 million people graduated from such schools. The years they spent acquiring industrial skills will be included in their length of service when they reach the pensionable age.

Service in the country's Armed Forces is the honorary duty of Soviet citizens, and it is also included in a person's work record.

Apart from the general conditions providing for eligibility for an old age pension, there are certain privileges.

In some cases an old age pension may be granted at an earlier age and with a shorter work record. Such privileges are granted to those employed on jobs involving health hazards, those working underground, in hot workshops and on other arduous jobs.

A broad system of measures aimed at improving working conditions is being consistently implemented in the Soviet Union. Technical progress, advances in science and engineering result in improvements in safety and labour protection arrangements at factories and plants. They also help to shorten the working day for factory workers and office employees without a reduction in wages and salaries and in general improve the social, economic and production conditions, all of which contributes to making work a more creative and satisfying process.

In his report at the 16th Congress of Soviet Trade Unions held in Moscow in March 1977, Leonid Brezhnev, General Secretary of the CC CPSU, underlined the primary importance of the constant concern for improving labour conditions: "The Party regards technological reorganisation of industry, agriculture, construction and transport in which huge investments are being made as the decisive means of improving the conditions of work and making any production safe and convenient for man. Our objective may be formulated as follows: from safety engineering—to safe technology. We have taken this path and we will follow it unswervingly."

A major indicator of the safety at work is constant control over the actual production environment. The Soviet Union has introduced

the world's most complete list of substances whose maximum allowable concentrations are subject to strict control (622 items). Some 1,200 different methods are used in the USSR to identify the concentrations of harmful substances in work environments.

At present the country's industrial enterprises in keeping with the relevant recommendations made by the trade unions and government agencies are jointly implementing long-term comprehensive programmes of improving working conditions, safety engineering and labour protection, and sanitary and health measures. These plans provide for measures to reduce or eliminate gas and dust pollution of the atmosphere, abate excessive vibration and noise levels, raise the level of automation and mechanisation of production processes, release as many women workers as possible from jobs involving health hazards, provide adequate sanitary, catering and recreational facilities, expand the curative and prophylactic facilities etc.

However, since there are jobs which involve health hazards and which are likely to be around for some time, it is necessary to grant certain privileges to those employed at them. These privileges include a shorter working day, a longer holiday with full pay, and the granting of old age pensions at an earlier age and with a shorter work record than usually required.

Soviet legislation lays down that people working underground, in hot shops, and in other arduous jobs or those involving health hazards are eligible for an old age pension from 5 to 10 years earlier than usual. For instance, a male radiologist may go on pension at 50 while a female radiologist at 45; a male plasterer is entitled to an old age pension at 55 and a

female plasterer at 50. It is not necessary for a worker to be employed on arduous jobs or those involving health hazards for the whole specified period of work: to be eligible for an old age pension at an earlier age than usual, he must work at such a job for only half the specified period and the other half he may work at any other job. Thus a male radiologist, who needs an overall length of service of at least 20 years to be eligible for an old age pension at 50, must work as a radiologist (or at some other job involving health hazards) for only 10 years and another 10 years of the specified work record at any other job.

The USSR is a vast country with a wide diversity of climatic and geographic conditions. The southern areas of the USSR and the Arctic coast of Siberia are almost 5,000 kilometres apart. In May, for instance, they may be taking in the harvest in the south, while the areas in the north may still be covered with snow. The climate is particularly severe in the Far North. In view of this, Soviet legislation provides for certain privileges in work record and pensionable age for people working in the Far North (f.i., Murmansk Region) and other areas with hard natural conditions. People working in these areas are eligible for an old age pension five years earlier provided their work record in the Far North or other areas with hard natural conditions is respectively 15 or 20 years.

Privileges are granted to textile women workers, weavers, spinners and some other women workers. It is a fact that women workers dominate in the textile industry. Much is being done to make their work easier. However there are still textile factories where work intensity on basic processes is well above the norm because of excess humidity. In view of this

some categories of women textile workers are entitled to old age pensions at 50 with a work record at least twenty years in the industry.

Women tractor and engine drivers are eligible for an old age pension at 50, provided they have worked 15 years as tractor or engine drivers and another five years anywhere.

Women with five and more children whom they have brought up to the age of 8 are entitled to old age pensions at 50 with a 15 year overall work record.

Some people, for instance disabled war veterans and people who have lost their eyesight, are eligible for old age pensions at an even earlier age.

The Size of Old Age Pensions. The size of an old age pension is related to the former earnings of the pensioner. The adopted system of calculating the size of an old age pension (as a percentage of earnings) is designed in such a way as to ensure that with a relatively low level of earnings the size of pension will be proportionately higher than with a higher level of earnings. Thus, if a person earns 80-100 roubles a month, he gets an old age pension amounting to 55 per cent of what he earned, while a person earning 100 roubles and more a month gets an old age pension amounting to 50 per cent of what he earned.

Soviet legislation also specifies the minimum size of pension. A person earning 80 roubles a month is entitled to an old age pension of 44 roubles a month calculated on the basis of 55 per cent of the earnings. However, for this wage category, the minimum old age pension is 52 roubles. If a person gets 100 and more roubles a month, he is entitled to a minimum old age pension of 55 roubles.

Those working underground, in hot-shops and

at jobs involving health hazards are entitled to old age pensions 5 per cent higher than usual. Thus, if a person gets 80-100 roubles a month working underground, his old age pension is calculated on the basis of 60 per cent of his earnings and a person earning 100 roubles a month and more is entitled to an old age pension amounting to 55 per cent of his earnings.

The size of pension is increased through additions and supplementary payments introduced for a long continuous work record or a long overall work record. Other considerations include the number of dependents. The long-work-record supplement to an old age pension amounts to 10 per cent of the pension. The supplement for dependents ranges from 10 per cent of the pension if the old age pensioner has one dependent to 15 per cent if he has two and more dependents to support.

Disabled war veterans are entitled to additional privileges: their pensions calculated on the general basis are supplemented by an extra 15 roubles a month.

The minimum old-age pension in the USSR is 45 rubles a month, the maximum — 120 roubles a month. For certain categories of workers in coal and combustible shale mines, as well as in iron and steel industry, the maximum old-age pension is 140-160 roubles a month.

Disability Pensions. Disability pensions are granted to persons who have lost their capacity for work owing to ill health either for a long time or permanently. Thanks to the steadily improving social and living conditions enjoyed by the Soviet people, the number of pensioners receiving disability pensions is declining. Over the past ten years alone the number of disability pensioners has decreased by 40 per cent. The

credit for this should go mostly to the country's curative and prophylactic institutions which provide timely medical assistance and keep the sick under constant observation. Treatment at sanatoria and health resorts which is organised on a massive scale in the USSR is a crucial factor in preventing disability. Another contributing factor is the free access to accommodation at rest homes, holiday hotels, tourist camps etc. Those who have been granted disability pensions are kept under constant medical supervision and favourable conditions are created for them to restore their fitness for work. Thousands of temporarily disabled people have been able to return to an active life.

Depending on the extent to which capacity for work has been lost there are three categories of disability pensioners. Persons who have completely lost their working capacity and require constant care belong to the first category. Those who have completely lost fitness for work but do not require constant care or supervision are in the second category. Disabled persons who are still able to do some kind of work in special conditions also belong to the second category.

The third category of disability includes persons who cannot cope with their previous job or profession but can do other jobs requiring less skill and also persons who because of ill health are obliged to cut down sharply on the amount of work they can do.

Special medical and labour expert commissions maintained by the state social security bodies determine which category the disabled person should belong to. A typical medical and labour expert commission consists of three doctors (neuropathologist, surgeon and inter-

nist), a representative of the local social security body and a representative of the local trade union.

Trade union representatives on all medical and labour expert commissions enjoy the same rights and powers as the other members of the commission. Trade union representatives are well familiar with the working conditions at their enterprises and are well placed to help in arriving at a correct decision on whether the person examined should or should not go on in his job. Their intimate knowledge of the production environment helps the medical experts on the commission to determine more accurately to which extent the person examined had lost his capacity to work and arrive at a correct decision on the category of disability he should belong to. While he sits on the commission, the trade union representative receives his average earnings.

Labour and medical expert commissions are organised in such a way as to ensure a high standard of the expert examination of disability on the one hand, and on the other, to cause the least inconvenience for applicants. As a rule, patients undergo a medical and labour examination in the local polyclinic. Medical and labour expert commissions also go out to the enterprises. Thus maximum convenience is provided for the applicants and their state of health and capacity for work are assessed more accurately.

A person's eligibility for a disability pension is determined following a careful consideration of the cause of his disease and his work record. When a person becomes disabled owing to a common illness or injury unrelated to his job, he is entitled to a disability pension provided he has a specified work record. The older the worker, the longer work record he is expected

to have by the time the question of his disability pension is being considered. Thus if a man became disabled at 23, he should have at least 3 years work record when applying for a disability pension, while if he became disabled at 36 he is expected to have 10 years work record.

Persons working underground, in jobs involving health hazards or in hot shops are entitled to a disability pension even though they may not have the required length of service. One other qualification here is that such persons should have not less than half of their overall work record spent in these kinds of work. When a person with this type of disability applies for a pension at the age of 23 he should have at least two years work record. If a person applies for a disability pension at 36 his work record should be not less than 7 years.

Women workers with a disability arising from a common disease are also entitled to a disability pension though they may have the work record lower than generally required.

Thus, a person's right to a disability pension in case of a disability due to a common disease as well as his right to an old age pension is dependent on his record of socially useful work. This stipulation of the relevant labour legislation is perfectly justified and takes into account the opportunities available to every Soviet citizen to realise his right to work guaranteed by the USSR Constitution as well as the fact that in the USSR work is the honorary duty of any able-bodied citizen.

A similar situation exists in regard to the material security for a person who has failed to acquire the required work record to qualify for a disability pension arising from a disability caused by a common disease. If a person is an

invalid belonging to the first or second category, that is to say, if he is unable due to ill health to carry on with his job he is eligible for a pension even though he may not have the required work record. In this case his pension is calculated on a proportional basis. A disabled person belonging to the third category is usually able to work after receiving a disability pension. Therefore his eligibility for a pension with an incomplete work record is irrelevant in a practical sense.

Persons disabled before the age of 20 are entitled to a disability pension on the basis of a special regulation. If a person under 20 becomes an invalid he is eligible to a pension even though he may not have any work record.

But there are cases when a person may be handicapped from birth and is thus incapable of doing any work. Such persons are also entitled to material support and security. Upon reaching the age of 16 they receive a monthly allowance at state expense. Before the age of 16 their maintenance is the responsibility of their parents.

Finally, there are cases when a person totally incapable of work has no work record at all. Such a person is also entitled to a monthly state allowance. The same applies to the aged with no work record.

If a person becomes an invalid due to an industrial injury or an occupational disease he is entitled to a disability pension irrespective of his work record.

In the USSR the right of workers and office employees to good health and safe working conditions is one of the basic social gains of the working people written in the Programme of the Soviet Communist Party. In the words of the Programme, "all-round measures to make work-

ing conditions healthier and lighter constitute an important task in improving the well-being of the people. Modern means of labour safety and hygiene designed to prevent occupational injuries and diseases will be introduced at all enterprises."* Labour legislation binds the management and administration of industrial enterpises and offices to ensure safe and healthy working conditions, to introduce up-to-date safety engineering techniques adequate enough to preclude industrial accidents and to create conditions ruling out the appearance of occupational diseases among work force and to look out for the improvement of sanitary and hygienic conditions. No industrial enterprise or shop may be commissioned unless they provide safe and healthy working conditions. No new modification of a machine, mechanism or any other piece of industrial equipment may be launched in mass production unless it meets the required standards of industrial safety and labour protection. Soviet legislation bans overtime. The only exception is when an emergency situation arises or when it is necessary to eliminate the traces of the emergency situation. Even in this case overtime is allowed provided the local trade union gives its consent.

Many research centres are engaged in developing industrial equipment and processes assuring safety at work and thus eliminating industrial accidents. In the last ten years over 30,000 new types of machinery and equipment and over 12,000 new instruments and devices have been developed in the USSR. As a rule, new machinery and equipment feature high performance characteristics which requires

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* *The Road to Communism*, Moscow, 1962, p. 542.

closer moderating and control over the maintenance of safe working conditions. Special sanitary standards and safety rules for industrial processes and equipment exist whose observance is absolutely mandatory for all Soviet research and development, design, scientific research organisations and engineering enterprises. The responsibility for the observance of existing standards of industrial safety is vested in the trade unions and special government inspectorates. These bodies enjoy wide powers and if the need arises they may order stoppage or shut-down of any offending enterprise or process. Soviet legislation provides for harsh administrative measures against and criminal liability of those guilty of neglect or failure to observe the existing safety rules.

However, industrial accidents and occupational diseases still occur and as long as they do it is necessary to provide material support for the persons who become disabled due to an injury or an occupational disease.

Soviet legislation interprets fairly widely the term "an industrial injury". Industrial injury is here taken to mean not only an injury sustained by a worker while on the job but also while he was on the premises and also on the way home or to work. An industrial injury, further, also implies damage to a person's health arising from an accident while that person was trying to save somebody, or while discharging the duty of every Soviet citizen to safeguard socialist property or maintain socialist law and order. An industrial injury, lastly, also implies an injury sustained by a person while carrying out an assignment given to him by a public organisation (a trade union, a Komsomol organisation etc.)

Occupational disease is also interpreted in a

equally broad sense. The existing list of occupational diseases covers all diseases which may ensue as a result of specific working conditions, notably those involving health hazards (industrial poisoning, pneumoconioses, infectious and parasitic diseases etc.), and also the various complications and side effects caused by them.

The Size of Disability Pensions. The size of a disability pension depends on the extent to which a person has lost his fitness for work as well as on the causes of his disability and the working conditions that have led to it.

Workers and office employees invalids of the first and second categories are eligible to disability pensions calculated as a percentage of their old age pensions. For instance, a person disabled due to an industrial injury or an occupational disease may receive a disability pension amounting to 110 per cent of his old age pension if he belongs to the first category. If an invalid belongs to the second category he is entitled to a disability pension equal to 100 per cent of his old age pension.

When determining the size of disability pensions for invalids of the first and second categories the first move is to calculate their old age pensions which in turn are arrived at on the basis of their earnings and only then their disability pensions are calculated as a percentage of their old age pensions.

Disability pensions for those in the third category are calculated in a somewhat different way. The size of the pensions is determined on the basis of the person's earnings and not as a percentage of his old age pension. Thus, workers and office employees employed underground, in jobs involving health hazards or in hot shops are entitled to disability pensions which amount to 65 per cent of the earnings of

60 roubles a month plus 20 per cent of what he makes above that sum.

The size of disability pensions may be increased through pension supplements. Non-working invalids of the first and second categories are entitled to a pension supplement for non-able-bodied dependents. Such a supplement usually ranges from 10 to 30 roubles a month depending on the number of dependents an invalid may have. An invalid belonging to the first category is also entitled to a pension supplement to cover additional expenses on care of him which is usually 15 roubles a month. There are also pension supplements for a long continuous work record which amount to 10-15 per cent of a disability pension.

Just like in the case of old age pensions there are also minimum and maximum disability pensions. The minimum disability pension payable to invalids of the first category is 70 roubles a month. The maximum disability pension for the first and second categories is 120 roubles a month.

In all cases where a worker's or office employee's health has been damaged through the fault of an enterprise or individuals such a person is entitled, besides a disability pension, to additional allowances determined by a court, which amount to the difference between his former earnings and the disability pension and are paid by the guilty party. The extent to which such a person loses his capacity to work is naturally taken into account. Thus we see that under certain conditions a disabled person may receive a sum equal to his full former earnings which he lost owing to an injury or other damage to his health.

Pensions for the Loss of the Breadwinner. This type of pension is payable to the de-

pendents of a deceased worker or office employee. Incapacitated dependents are those who have lost their ability to work for some reason or other. They also include children of up to 16 years of age (students of up to 18 years of age). The parents of the deceased are entitled to a pension for the loss of the breadwinner if they have reached the pensionable age (men—60 years, women—55 years) or if they are disabled. The widow is entitled to a pension on similar conditions. Pensions for the loss of the breadwinner may also be payable to the grandparents if they have no close relatives who are bound by law to maintain them in the old age. If the children or non-able-bodied parents of the diceased have lost an income after the death of the breadwinner they are also eligible for a pension.

The size of a pension for the loss of the breadwinner is calculated on the basis of a number of the surviving dependents of the deceased who are entitled to such a pension.

The Calculation of Pensions. Under Soviet legislation a person's earnings on the basis of which his pension is calculated include all kinds of remuneration of a regular character, including bonus money, for work done. Bonus payments are included when calculating a pension irrespective of whether they were paid to the recipient on a monthly basis, on a quarterly basis or at the end of the year.

The general rule is that pensions are calculated on the basis of a person's average earnings during the last 12 months of work before applying for a pension. However, the pension may also be calculated on the basis of his earnings during any five-year period out of the last 10 years of work. A person applying for pension is free to decide for himself which

period of his work should be taken as a basis on which to calculate the pension. This right enables prospective pensioners to maximise the size of their pension. In granting this right of choice Soviet legislation proceeds from the assumption that during a person's last year of work his earnings may be lower than in the preceding years because of the need to change to another job owing to his state of health or for some other reason. The latter circumstance might lead to a reduction in the actual size of his pension. To prevent this, Soviet legislation provides for the possibility of calculating a person's pension on the basis of his earnings during the preceding years of his work.

There are cases when the reverse situation occurs: an old age pensioner or a disability pensioner may continue to work earning more than the amount on the basis of which his pension was calculated. In this case too Soviet legislation favours the pensioner. Those pensioners who after qualifying for a pension have worked at least two years may have their pensions recalculated if they so desire on the basis of their new, higher earnings. If a pensioner's earnings continue to increase after that he may also apply for other recalculations in his favour.

The Granting and Payment of Pensions. Pensions are granted by special pension commissions set up at local government bodies —the Soviets of People's Deputies. A pension commission is headed by the chief of the local social security department. Sitting on the commission and enjoying equal rights with the rest of the members is a representative of the local trade union. The number of trade union representatives sitting on a commission is decided by the Trade Union Council of the region.

territory or republic; it also nominates the representatives recommended by the trade union organisations.

To create maximum convenience for the working people the management of enterprises in conjunction with the local trade union committee prepare well in advance all the necessary documentation relating to the work record and earnings of a person who has qualified for a pension. Upon receipt of an application for a pension the management in conjunction with the local trade union committee sends all the relevant documents to the social security department at the local Soviet of People's Deputies which in turn, upon verification, refers the matter to the local pension commission. The established procedure provides maximum convenience for persons applying for a pension and ensures maximum speed and accuracy of verification preceding the final calculation of a person's work record and earnings on the basis of which the size of his pension is determined.

The procedure of paying pensions varies depending on whether the pensioner continues to work after qualifying for a pension or whether he stops working. Non-working old age and disability pensioners as well as those receiving a pension for the loss of the breadwinner (irrespective of whether they work or not) receive their pensions at their place of residence. The delivery and postal expenses involved are borne by the state. If a pensioner so desires his pension may be deposited by the local social security department on his current account at a savings bank.

Working pensioners collect their pensions from the local trade union organisations through the administration of their place of employment

at the expense of contributions to the state social insurance fund made by the enterprises and offices in accordance with the relevant prescribed procedure.

The participation of trade union organisations in the payment of pensions to working pensioners constitutes one of the forms of their participation in the administration of social insurance system. We shall examine this particular activity of the trade unions in more detail somewhat later, in the section devoted to the organisation of the administration of social insurance and security in the USSR.

Pensions for Long Service. These pensions differ from other types of pensions described above in that they are granted only to those persons who have acquired a specified work record in their particular field irrespective of their state of health or the attainment of pensionable age. Long service pensions are payable to certain categories of specialists including education and health workers, civil aviation pilots and workers of arts. Whereas civil aviation pilots and workers of arts are entitled to long service pensions largely because of the possibility of their losing capacity for work in their particular profession, long service pensions for teachers and medical profession workers have been established largely for historical reasons. Education and health workers generally prefer to receive old age pensions because these pensions are substantially higher. Long service pensions retain their appeal only for those who for domestic reasons or because of ill health decide to stop working before reaching the pensionable age qualifying them for old age pensions.

Work records qualifying persons for a long service pension vary depending on the category

of workers the person in question belongs to. Thus teachers are entitled to a long service pension provided their length of service in the profession is at least 25 years, while doctors are eligible for a long service pension if they have at least 25 years of service in rural areas and not less than 30 years in the city.

The size of a long service pension also varies. Thus, education and health workers are entitled to a long service pension amounting to 40 per cent of their salary while civil aviation pilots receive up to 50 per cent of their average monthly earnings. Apart from that civil aviation pilots are entitled to the long service pension supplement amounting to 3 per cent of their average monthly earnings for each year of service over the specified work record in the profession.

PENSIONS FOR COLLECTIVE FARMERS

Until the adoption of the Law on Pensions and Allowances for Collective Farmers of July 15, 1964 maintenance of collective farmers in the old age or in case of disability was the responsibility of their particular collective farm. Eligibility for, the size of pensions and the procedure of payment were laid down by the collective farms as well. Many collective farms based their pension schemes for the maintenance of their old age and disability pensioners on the principles laid down by the law on state pensions for blue and white collar workers. A general meeting of collective farm members decided for instance that male collective farmers were entitled to an old age pension upon reaching the age of 60 and female members—upon reaching the age of 55 and the

size of old age pensions was calculated as a percentage of the personal income of the collective farmers in question. The size of old age pensions was dependent on the profits of the particular collective farm.

The law of July 15, 1964 unified the system of pensions for collective farmers and of maternity grants for women collective farmers. After July 15, 1964 pension benefits for collective farmers were based on the same principles throughout the USSR. Centralised national social security fund for collective farmers was established, made up from contributions of the collective farms in the form of a specified deduction from their profits and allocations from the national budget.

At present collective farmers receive pensions practically on the same conditions as workers and office employees.

As in the case of workers and office employees, collective farmers qualify for an old age pension upon reaching the age of 60 (men) and 55 years (women) provided the men have at least 25 years work record in the collective farm and the women, 20 years work record. Collective farmers with a specified work record spent in the Far North or in other areas with hard natural conditions, disabled war vetarans members of the collective farm, women collective farmers with five or more children whom they have brought up to the age of 8 are entitled to old age pensions five years earlier.

A collective farmer's work record on the basis of which he qualifies for a pension includes, apart from the years spent in particular collective farm, many other periods of socially useful work, for instance, the years spent as a factory worker or an office employee, the years of service in the armed

forces, the years spent while studying at a vocational or trade school etc.

Pensions for collective farmers are calculated on the basis of their average monthly earnings in a particular collective farm during a five-year period out of the last 10 years of work before applying for a pension. The size of pensions is calculated by special commissions dealing with pensions and allowances for collective farmers.

Machine-operators, specialists and chairmen of collective farms are entitled to pensions on the same basis as factory and office workers and their pensions are financed out of the national budget.

Not infrequently, by decision of general meetings of their members, collective farms provide pension supplements financed out of their profits and extend other help to their pensioners to improve their standard of living.

A typical example is provided by the village of Lyadoveny in Moldavia. Before the establishment of Soviet power almost all the villagers were illiterate and eked out a beggarly existence. Only five former civil servants and members of the clergy received pensions.

Today the village of Lyadoveny is the centre of a large collective farm with 1,800 homesteads, 8,500 head of cattle, 83 tractors, 35 combine harvesters, 40 trucks and cars, and a wide assortment of other farm machinery. The collective farm has an income of five million roubles a year. The collective farm pays monthly pension supplements to 42 of its pensioners, spending for this purpose over 20,000 roubles annually. The disabled war veterans and surviving dependents of those killed in action during the Great Patriotic War

enjoy special privileges. Apart from pension supplements of 10 to 20 roubles a month they also get 200 kilos of wheat annually free of charge and are also supplied with a specified quantity of vegetables and other farm products. The collective farm also bears the expenses associated with providing a variety of everyday services to disabled war veterans and surviving dependents of those killed in action, puts transport vehicles at their disposal, supplies feed for their farm animals, helps to cultivate their individual plots and do repairs to their houses and flats. The collective farm has also built garages for disabled war veterans' cars. Other collective farms provide similar help to their pensioners.

PENSIONS FOR SERVICEMEN

Existing Soviet legislation provides different pension schemes for men, NCOs and sergeants serving in the Army, on the one hand, and for generals, admirals, officers, ensigns, warrant officers and reenlisted men, on the other.

The servicemen in the former category receive pensions on the basis of the Law on State Pensions of July 15, 1956 which regulates pension schemes for industrial workers and office employees and for their dependents.

Pensions for servicemen in the second category are subject to special government regulations. However, officers, ensigns etc. who failed to qualify for a pension upon discharge from the armed forces are eligible to a pension on the same basis as workers and office employees. Thus, a serviceman's right to a pension is guaranteed.

The procedure of granting a pension to a former serviceman on the same basis as to

factory and office workers is modified by some additional regulations concerning basically the size of pension. For instance, servicemen from the ranks who before the call-up worked as industrial workers or office employees and who became disabled in the course of their military duty are entitled to disability pensions which are larger than those payable to others. Thus, servicemen invalids of the first category are eligible for a disability pension amounting to 120 per cent of their old age pension while workers and office employees receive disability pensions arising from an industrial injury or an occupational disease which amounts to 110 per cent of their old age pension.

Legislation on pensions for servicemen, apart from usual old age disability pensions and the pensions for the loss of the breadwinner also provides for long service pensions. These latter are grants to generals, admirals, officers, ensigns, warrant officers and men after 20-25 years of service in the armed forces. The size of such pensions ranges from 30 to 60 per cent of the serviceman's pay depending on his length of service in the armed forces and some other factors. In some cases a long service pension may be increased by three per cent of the servicemen's annual pay provided his length of service exceeds the specified, however, all in all the pension may not exceed 75 per cent of his former pay.

The above-mentioned categories of servicemen are eligible for disability pensions. Thus an officer invalid of the first category is entitled to a disability pension amounting to 75 per cent of his pay if he becomes disabled in the course of military duty.

Chapter Three

PENSIONERS AND WORK

Upon reaching the pensionable age a person qualifies for an old age pension. This means that the person is no longer expected to fulfil his duty to work. However, this is not to say that an old age pensioner has no right to carry on working. Soviet labour legislation provides firm guarantee of the right of any old age pensioner to continue working if he so desires. Working old age pensioners may be dismissed by the management on the same basis as other blue and white collar workers. The common causes of dismissal are, for instance, a shut-down of the enterprise, failure to report for work for over four months in a row owing to a temporary disability. Working old age pensioners, just as other employees, may be dismissed by the management provided the trade union committee gives its consent.

The right to work is guaranteed to disability pensioners in a similar way. If a disability pensioner is unable to carry on in the job specified in the labour contract due to ill health, the management, before deciding the question of his dismissal, should offer him another, easier job.

The fact that old age pensioners often want to carry on working is a reflection of their natural desire to be useful to society as well as of their engrained need to work. Work is a maior factor in staving off the aging of a person's body and in

keeping him healthy and active. Soviet gerontologists have obtained quite interesting data in this context. A survey of the state of health of a large group of aged people revealed that some 40 per cent of those of them who continued to work during the first ten years after reaching the pensionable age did not show signs of senility; for those who did not work the number was only 18 per cent. This evidence is added proof of the correct conclusion made by N. I. Mechnikov, an outstanding Russian medical scientist, one of the founders of gerontology, to the effect that "prolongation of life span must go hand in hand with retaining one's capacity for active work".

At present, over 29 per cent of old age and disability pensioners as well as disabled war veterans, carry out suitable work in Soviet economy. Needless to say, to enable old age and disability pensioners to carry out their desire to go on working, suitable working conditions have to be created for them and a number of jobs they can cope with and corresponding to their skills, education and state of health should be made available. Disability pensioners should have every opportunity for acquiring a new skill. The problem of involving old age and other pensioners in active work is being tackled on a countrywide scale in a planned way. The effort includes providing old age and disability pensioners with jobs, retraining them, if necessary, at government expense and the provision of material stimuli to encourage them to continue working.

Employment. The Soviet Union's socialist economic system guarantees for each able-bodied citizen employment in accordance with his skills and training.

Old age pensioners and disabled people are no exception. Local social security bodies, in conjunction with economic and trade union organ-

isations, find suitable jobs for old age pensioners and disabled people willing to continue working after retirement. These bodies find out who of the old age pensioners and disabled people would like to go on working and are supplied with information on suitable vacancies at the local or neighbouring enterprises. When recommending a particular job to a pensioner these bodies proceed from expert medical advice, that is, they consider to what extent the job offered will correspond to the pensioner's capacity for work and state of health.

The stipulation in Soviet labour legislation to the effect that the management is in duty bound to create the necessary conditions for disabled people to continue working at the enterprises where they used to work previously, plays an important part in providing the disabled with suitable employment.

Because of their weak health disabled people and old age pensioners are generally unable to work under normal conditions, specially equipped enterprises and shops are set up for them. Such enterprises are in operation in many cities. Thus in Voronezh there is a leather goods factory employing some 300 invalids. Ordinary enterprises have specialised shops employing old age pensioners and disabled people (watch-making, garment-making, the manufacture of souvenirs etc.) There is also a hairdressing salon in Voronezh staffed by invalids only. At the moment there are some 700 enterprises and shops employing a total of 74,000 pensioners in the country.

Old age and disability pensioners employed at enterprises and shops enjoy a number of privileges. Invalids of the first and second categories have a six-hour working day and an annual paid leave of 24 working days. Invalids of

the third category as well as invalids of the first and second categories working at home have an annual paid leave of 18 working days. The management of such enterprises fix lower output quotas for old age pensioners and invalids and may hire them on a part-time basis which may take the form of a shorter working day or a shorter working week. Specialised enterprises may funnel into expansion, material incentives and improvements of social, cultural and living conditions of their work force from 30 to 50 per cent of their profits depending on the number of old age pensioners they employ.

Many old age pensioners and invalids prefer to work at home under a contract with a local enterprise. This particular form of employment is widespread in the field of services (footwear repair shops, dress-making and tailoring, etc.)

Invalids so employed enjoy special tax concessions. Thus working invalids with impaired eyesight, belonging to the first and second categories, do not pay any income tax, * irrespective of their earnings. In collective and state farms invalids belonging to the first and second categories do not have to pay any agricultural tax. ** The tax is still reduced up to 50 per cent, if there are able-bodied people in the family.

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* One of the sources of revenue for the national budget. In the USSR income tax is paid by the population, collective farms, consumer cooperatives and economic bodies of public organisations. The maximum income tax rate is 13 per cent (for workers and office employees with earnings of over 100 roubles a month). Certain categories of working people enjoy considerable reductions in the income tax they have to pay while others are fully exempt from it.

** One of the state taxes levied on the population. The agricultural tax in the USSR is paid by rural-dwellers who have individual house plots and land allotments that go with their jobs. These people enjoy certain privileges and concessions in the payment of the agricultural tax.

At the moment hundreds of thousands of old age and disability pensioners are employed in different areas of the economy. In the Russian Federation alone over 80 per cent of all invalids belonging to the third category are still working. The situation is much the same in other constituent republics.

Training and Re-training of Invalids. Vocational training of invalids in the USSR is offered both by state enterprises and at special training centres of voluntary societies of the deaf and the blind. There is also a far-flung network of vocational and trade schools maintained by the social security system and financed out of the national budget.

The management of industrial enterprises also organise training courses for old age pensioners and invalids either on an individual or work team basis and set up special re-training and refresher courses.

The students receive a maintenance grant whose size depends on performance and some other factors. Those undergoing training for jobs with a piece-rate wage on an individual basis receive 75 per cent of the normal wage within the first month of training and 60 per cent within the second. Besides, the trainees get paid for the products they put out during the course of training on the basis of rates and prices currently in force at the particular enterprise. Workers re-training for another job or acquiring a related skill get 100 per cent of their average earnings within the first month of training and 70 per cent within the second. They also get paid for the products they put out during the training period.

Upon completion of his on-the-job training the worker trainee is awarded a skill rating and a suitable job is found for him.

Vocational and trade schools maintained by the

country's social security bodies are in charge of training and re-training of the disabled. At the moment there are 73 such educational institutions (secondary technical boarding schools and vocational and trade boarding schools) which can accommodate 14,400 disabled at a time.

The vocational and trade schools maintained by the social security system train for the most part tailors and dress-makers, footwear repairers, sewing and knitting machine repairers, radio and TV repairers etc.

These vocational and trade schools train skilled workers capable of performing the full range of jobs in a particular speciality or trade. The training course usually runs from one to four years. The secondary technical schools train specialists with a secondary technical education. Thus, agricultural schools train junior agronomists, junior zootechnicians and accountants for collective and state farms. A secondary technical school in the city of Ivanovo trains radiotechnicians, the one at Novocherkassk trains technicians and technologists for the garment-making industry.

Apart from general theoretical grounding the students attending vocational and secondary technical schools acquire practical skills in their particular trade at production shops and laboratories equipped with up-to-date machinery. Each secondary technical and vocational school has a medical unit whose staff give the necessary medical aid to disabled students, carry out prophylactic work and see to it that disabled students keep regular hours and alternate rest and study sensibly.

Students at vocational and trade schools are maintained at state expense fully. What is more, the students get from 10 to 25 per cent of their regular pensions. If a disabled student has

incapacitated dependents, they get a special benefit from one-quarter up to half of his disability pension, subject to the number of dependents.

The students of vocational and trade schools get 90 per cent of the regular worker's wages during the training period.

The graduates are guaranteed suitable employment locally.

The Procedure of Paying Pensions to Working Pensioners. As mentioned above, many old age pensioners and disabled people choose to continue working. The state gives them every encouragement. To create more material incentives for pensioners to continue working the Soviet legislation provides for continued payment of pensions along with wages and salaries. Many categories of working pensioners retain their full pensions while working. For instance, the old age pensioners workers and those employed in the junior servicing personnel category (charwomen, janitors, street sweepers) are entitled to their full pensions while working. Teacher pensioners working in general educational schools in rural areas also retain their full pensions.

Old age pensioners from among engineers and technicians retain 50 per cent of their old age pensions while working (in the Urals, Siberia and the Soviet Far East such pensioners retain 75 per cent of their pensions).

Many other categories of working pensioners such as doctors working in kindergartens and nurseries, veterinary surgeons etc. also retain 50 per cent of their full old age pensions while working.

The size of an old age pension may not be below an approved minimum but at the same time the pension along with the earnings may not exceed

300 roubles a month. These limitations are not applied in the case of working old age pensioners employed in certain jobs in coal and iron and steel industry.

Disability pensioners have a somewhat different arrangement. Disability pensions are payable to workers and office employees as follows: invalids of the first category are entitled to full pensions irrespective of what they earn when working or whether they have any other source of income;

the second category invalids are entitled to full pensions provided their earnings do not exceed 120 roubles a month; when the earnings are more, the size of the pension is reduced to ensure that the total income shall not exceed his full earnings before retirement;

invalids in the third category retain a proportion of their pensions when working ensuring that the total income does not exceed the income before retirement; however, if the earnings of a third category invalid do not exceed 120 roubles a month, he gets at least 50 per cent of his pension in all cases while working.

In some cases disability pensions are payable in full irrespective of which category a pensioner belongs to and irrespective of the cause of disability and the size of earnings (for instance, to invalids from among permanent workers of a state farm). Working invalids belonging to the second category from among former servicemen also retain their full pensions when working. The third category invalids from among servicemen who were disabled in the course of their military duty retain their disability pensions when working, provided their total income does not exceed 300 roubles a month; a disability pension may not be below an established minimum.

Pensions payable for the loss of the breadwin-

ner are paid in full irrespective of whether the recipient works or not. These pensions are paid not only in the event of the loss or reduction of the family's income with the death of the breadwinner, but also in those cases when his dependents receive wages, a maintenance grant or other income.

Chapter Four

MATERIAL AND LIVING CONDITIONS OF THE OLD AGE PENSIONERS AND THE DISABLED

The standard of living enjoyed by pensioners and the disabled is not limited by the size of the pension received, though the size of pension increases with a rise in pay. Old age pensioners and disabled people get many other kinds of social aid from the state which improve their standard of living appreciably. In the preceding section we dealt with the participation of old age pensioners and invalids in socially useful work and the way the state finds suitable employment for them and organises re-training. Now we would like to examine in some detail how pensioners and invalids in the Soviet Union are provided with suitable accommodation, medical care and means of transportation. If the state did not bear the expense for providing pensioners and invalids with these kinds of social help, many of them would find themselves in a difficult situation. The state seeks to give pensioners and invalids whatever help it can to find suitable accommodation and solve many other everyday problems. The network of homes for the aged and disabled is constantly expanding, more and more enterprises manufacturing up-to-date artificial limbs and other prosthetic appliances are being built etc.

Medical Care, Medicines and Accommodation. Medical care for pensioners and invalids in the USSR is free of charge just as for all other

members of society. All citizens undergoing a course of treatment at hospitals and inpatient departments receive the necessary medicines free. Outpatients have no difficulty in purchasing the medicines they need either, for prices are low. Disabled war veterans are entitled to free medicines upon producing the doctor's prescription even when they are not hospitalised.

Housing construction in the USSR has assumed tremendous scope as the country is working towards reaching the goal of a self-contained flat with every modern convenience for each family. Over the past ten years an estimated 110 million people (more than the combined populations of Britain and France) have moved into new flats in the USSR. The housing construction is financed largely out of the national budget. An appreciable contribution comes from industrial enterprises and collective farms.

The USSR has the lowest rent which averages 4-5 per cent of the family budget and that includes the gas and electricity bills. Rent in the USSR has remained on the same level since 1928 although wages and salaries have increased several-fold over this period and the amenities have improved considerably. Rent revenue covers only a third of the total expenditure on the building and upkeep of the housing stock. The state sets aside an estimated 5,000 million roubles annually for these purposes.

Old age pensioners and invalids, like all Soviet citizens, enjoy the right to accommodation a houses built by the state. Pensioners are also entitled to receive flats in houses built by the enterprises where they used to work before retirement. The state, enterprises, collective farms give disabled war veterans and families of those who were killed in action every assistanc

in ensuring their priority right to housing accommodation and in the construction of individual houses.

Despite the extremely low rent, disabled war veterans belonging to the first and second categories as well as families of servicemen who were killed in action pay only half the rent. They also enjoy a 50 per cent reduction in the heating, water supply, gas and electricity bills.

Artificial Limbs, Orthopaedic Footwear and Vehicles for Invalids. The provision of artificial limbs, orthopaedic footwear and other prosthetic appliances is one of the major concerns of the social security bodies. The Soviet Union has 100 enterprises manufacturing artificial limbs, aids and orthopaedic footwear. To provide a better service some 130 teams go out to remote areas to supply the local invalids with the necessary aids. The bulk of invalids requiring artificial limbs and other prosthetic appliances get them free of charge.

Soviet medical experts and engineers concerned with developing prosthetic appliances use the latest achievements in this field and the most advanced materials trying to make the invalids' life easier. There are even artificial limbs that respond to biocurrents.

If the need arises, the invalids may get cars and other vehicles free of charge or at a substantial discount. Social security bodies organise training invalids at driving courses free of charge. Special cars are designed for them. Many groups of invalids have the right to use public and railway transport free of charge or at a discount.

Homes for the Aged and Disabled. Most old age pensioners and invalids live together with their families and relatives who look after them. But there are cases when an old age pensioner or an invalid has no relatives. The state looks after

such citizens in a special way. If they so wish they may be maintained by the state at special homes which are run by the country's social security bodies.

These homes provide the necessary conditions ensuring a stimulating and satisfying everyday environment for the inmates. Their diet is worked out by health food experts with due regard for the state of their health.

The development of suitable diets for the aged and disabled is a matter of special importance. The health food experts on the staff of the homes see to it that the food is suitable in terms of its calory balance, anti-sclerosis qualities and variety.

The management and servicing personnel of homes for the aged and disabled are trying to give full consideration to the individual interests and hobbies and usual pursuits of the inmates in an attempt to create an atmosphere that affords maximum comfort and is not unlike the one at home.

Most old people's homes occupy modern buildings built to a standard design and equipped with everything necessary. The home at Lyublino outside Moscow is typical. Most of the inmates are veteran workers. The two five-storey buildings situated in a big park are linked with glassed-in passages. The buildings are fitted with lifts and there are two halls on each floor where one can relax in easy chairs, read a book, watch the TV or listen to a radio programme. There is a riot of flowers in the park and potted flowers inside. Usually there is one or two inmates to a room, which contains a wardrobe, a washstand with hot and cold water, and separate toilet room.

There is a library stocked with over 6,000 books and the cinema which seats 450 people. Films are demonstrated on a regular basis and

from time to time performances by actors of various Moscow theatres are held.

The polyclinic attached to the veteran home has all the necessary equipment and supplies to provide emergency aid (diagnostic, X-ray, dentists, ophthalmological, physiotherapy and other rooms). Doctors are on shift duty round the clock. As many as 17 doctors, 37 medium medical personnel and 64 junior servicing personnel look after the inmates. They receive suitable food and, in case of need, special diets prescribed by a doctor dietologist.

Another example: Alushta in the Crimea. An attractive white building is standing atop a tall mountain buried in the greenery of fruit trees. The spacious spotlessly clean rooms are full of light. The furniture is well chosen and cosy. This is a home for the disabled. There is a well-stocked library and recreation rooms where one can listen to a tape-recorder, watch the TV, play a record. The inmates often go out on excursions to the resort towns on the coast, to Yalta, Feodosia and others.

The veteran home at Lyublino and the home for the disabled in Alushta in the Crimea are typical examples. The Soviet Union has 1,500 such homes with a total of over 300,000 inmates.

Social security workers are trying their best to create and maintain at homes for the aged and disabled an atmosphere closely resembling that at home. They organise amateur talent activities, all sorts of competitions (embroidery and knitting, poetry reciting and prose reading), birthday celebrations and outings. But most of the inmates of course have long working lives behind them and inactivity and the absence of work may have a depressing effect on some of them. In many cases light work is an effective therapy. The homes also have special rooms where the inmates

may engage in useful activity. Upon the recommendation and under the supervision of doctors who take into account the state of health of their patients they may engage in certain types of light work such as mending and repairing footwear and clothing, implements, making artificial flowers etc. Needless to say they get paid for their work.

Chapter Five

SICKNESS BENEFITS

Whereas pensions are designed to provide material security for people who have been disabled or permanently incapacitated, or have reached an advanced age, sickness benefits are called upon to provide material security for workers and office employees in case of temporary disability.

The Soviet state in working out the range of benefits in the event of illness proceeds from the assumption that all workers, office employees and collective farmers must be entitled to such benefits as well as in all cases of temporary loss of income due to a disease, injury or other causes. Throughout the entire period of his temporary incapacitation a person should have guaranteed an adequate material support. This basic proposition has been legally formulated and written into the legislation on the social insurance of workers, office employees and collective farmers.

All workers, office employees, collective farmers and other categories of citizens (such as advocates, prospectors etc.) are entitled to benefits payable in the event of temporary disability. Servicemen retain their full pay during the entire period of temporary disability and students retain their full maintenance grants. If a student falls ill during the practical training, he is also eligible for a benefit paid out

of the social insurance funds since during the period of practical training such a student is covered by the social insurance regulations on a par with workers and office employees on the staff.

The benefit is also payable when a person is sent to a sanatorium for a rest and cure. Other occasions when benefits are paid include a temporary absence from work to look after a sick member of the family; during quarantine; in the event of a temporary transfer to another job due to a case of TB or an occupational disease; when a person is sent to a hospital for any length of time; and when a person has to spend a period of time to have a prosthetic appliance fitted.

Even a brief list of cases qualifying for the payment of benefits owing to temporary incapacitation will show that a person is guaranteed security under social insurance arrangements for the period of temporary termination of work for any valid reason.

Allowances Payable for Temporary Disability due to an Illness or Injury. The general rule is that a worker or an office employee is entitled to a benefit if his temporary disability occurred while he was on the job, which is taken to mean all time spent at work from the first working day to the last day inclusive when the labour contract terminates. Thus, if a worker became temporarily incapacitated while he was on a regular paid holiday he is still entitled to a benefit while the rest of his holiday is put off until later and the size of the benefit is calculated on the basis of the actual number of days of illness.

The eligibility for a benefit is not subject to the work record. Which means that both those who have worked a number of years and those

who have just been taken on and fell ill on the first day of their work at a particular enterprise are equally entitled to the sickness benefit.

Certain exceptions to the rule do not alter the fundamental principle that a person is entitled to sickness benefit irrespective of his length of service. Seasonal workers are an exception to the rule. Such workers are entitled to a sickness benefit provided they have worked at least three months in a given year, or at least ten months over the past two years. However, if a seasonal worker has become temporarily disabled as a result of an industrial injury or occupational disease, he is entitled to a sickness benefit irrespective of his overall length of service.

The Period During Which Sickness Benefit Is Paid. The fundamental proposition on providing material support for a temporarily disabled person throughout the entire period of his temporary disability finds expression in the general rule that sickness benefit is payable from the first day of incapacitation to full recovery or until the person in question has been certified as an invalid. Upon recovery the person stops receiving sickness benefit and will start receiving his regular pay. If his temporary incapacitation turns into a chronic one, he is examined by a medical and labour expert commission which enlists him in a particular category of disability and grants him a pension. Some exceptions to this rule (cases of an injury sustained off duty hours, the onset of temporary disability as a result of a general disease in the case of a working invalid) do not alter the general situation.

Sanatorium and Health Resort Benefit. Accommodation at sanatoria and health resorts, of which more later, is of tremendous importance

for strengthening the health of working people. It is generally financed out of the social security and insurance funds. When a person is sent to a sanatorium for a rest and cure it may so happen that his regular paid holiday is too short for him to undergo the full course of treatment in a sanatorium and make the return journey. In such cases he needs special benefit to cover the difference between the length of his regular paid holiday and the length of the course of treatment at a sanatorium including the journey there and back. Persons who get accommodation at a sanatorium at the expense of the social insurance fund are entitled to a benefit for this period of time. The benefit is payable on the same terms as benefits for temporary disability due to a disease.

To make their course of treatment effective, TB patients are usually sent to special TB sanatoria at state expense for as long as may be necessary for their recovery. While at a sanatorium they get their benefit which is paid out of the social insurance funds for the period of time over their regular paid holiday. Myocardial infarction patients who are sent to a sanatorium receive the benefit for the whole term of treatment in the sanatorium irrespective of their regular paid holiday.

Benefit for Taking Care of a Sick Member of the Family. The need to release a worker or office employee for some time from work to enable him to look after a sick member of his family (spouse, child, etc.) arises when lack of proper care threatens the health or even life of the sick person and there is no one else to look after him.

A short leave to look after a sick member of the family is covered by a special nursing allowance payable for a maximum of three days

under the general rule. When a member of a family is seriously ill the family is entitled to a nursing allowance for seven days.

To safeguard the interests of mother and child it has been established that when a child under 14 years of age falls ill the mother is entitled to a seven-day nursing allowance. Unmarried mothers, widows and divorced wives are eligible for a nursing allowance for ten days if their children fall ill before reaching the age of seven.

Mothers who are hospitalised in an inpatient hospital to look after their sick children are entitled to a nursing allowance for the entire period of hospitalisation.

The Quarantine Allowance. Quarantine is a measure designed to prevent the spread of infectious diseases. To this end sick persons as well as healthy persons in daily contact with them are isolated for as long as may be necessary. Because those isolated under quarantine are unable to go to work and lose their earnings, social insurance legislation provides for an adequate compensation which takes the form of a temporary disability benefit payable throughout the quarantine period.

Benefits Payable in the Event of a Temporary Transfer to Another Job due to a Case of TB or an Occupational Disease. A temporary transfer to another job with the payment of a sick benefit out of the social insurance funds is effected when the person in question is incapacitated temporarily for his usual work but upon medical examination is judged able to do another type of work provided this does not interfere with the normal course of treatment.

A temporary transfer to another job for not longer than two months entitles the person in question to a benefit which amounts to the

difference between his earnings at his former place of work and his earnings on the new job. Thus a person who gets transferred to another job due to an illness practically retains his former earnings.

Soviet labour legislation provides for a number of material guarantees for those who, irrespective of the nature of their illness, require easier or changed working conditions because of their state of health. In such cases an able-bodied person upon medical examination is transferred to a lighter work. If upon the transfer the person finds that his earnings at the new job are lower he is entitled to his former earnings within two weeks of the date of transfer. Workers and office employees temporarily transferred to another, lower paid work owing to an injury or some other damage to their health sustained through work are entitled to a benefit amounting to the difference between their former earnings and the new earnings payable by the enterprise responsible for damaging their health. This benefit is payable to the recipient until his capacity for work has been fully rehabilitated or until a medical and labour expert commission determines the category of permanent disability sustained by the person in question, i. e. when he will be entitled to a pension.

Allowance Payable for Adjusting Prosthetic Appliances. Sometimes a disabled person has to be hospitalised at a medical institution while artificial limbs or other types of prosthetic appliances are being fitted to him. Such person is entitled to a special benefit payable to him for his entire stay in the hospital up to 30 days. This benefit is paid out of the social insurance funds.

The Size and Procedure of Calculating th

Temporary Disability Allowance. The size of this benefit is a clear reflection of one of the basic principles underlying the Soviet system of social insurance which is to promote health care and living standards. The fundamental principle in this matter is that the maximum size of the benefit should amount to a hundred per cent of usual earnings. A 100 per cent temporary disability allowance is payable irrespective of any conditions to workers and office employees in case they become incapacitated owing to an industrial injury or occupational disease. A 100 per cent benefit is payable to workers and office employees with three and more children of up to 16 years of age (students of up to 18). Disabled war veterans are also entitled to a 100 per cent temporary disability allowance.

In all other cases the size of this benefit depends on a person's continuous work record. If a person's work record is up to 3 years he is entitled to a 50 per cent benefit. With work record from 3 to 5 years, to 60 per cent; from 5 to 8 years, to 80 per cent; a person with a continuous work record of 8 years and more is entitled to a 100 per cent temporary disability allowance.

Continuous work record is interpreted not as continuous service at any one enterprise. When a person changes his place of employment his work record is not interrupted provided he did so of his own free will and began work at another place after a break of not longer than a month. In the Soviet Union where there is no unemployment finding another job is no problem and in the majority of cases people usually do start at the new place within a month of leaving the former place of work. The Soviet state which pays constant attention to raising the educational standards of working people has

introduced legislation providing for retaining continuous work record by those who have to interrupt their work to study at a higher or specialised secondary educational establishment. This legislation provides for inclusion in a person's continuous work record the time he spent at a vocational or trade school, while taking re-training and refresher courses and while serving in the Soviet armed forces.

In regulating the procedure governing the calculation of benefits the Soviet state seeks to ensure that a working person gets a compensation amounting to his usual earnings while he is temporarily incapacitated. It has been established that a person's earnings on the basis of which his disability allowance is calculated include the basic pay along with various supplements to the basic pay provided for by the system of payment for work done currently in force (bonus money, pay supplements etc.)

The Granting of Temporary Disability Allowance. The Procedure for granting these benefits is a graphic illustration of the fact that the working people themselves run and administer the system of social insurance in the USSR. Benefits are granted by the trade union committees at enterprises and establishments. They determine the right of a working person to a benefit on an individual basis and on the merits of the case and determine the size of the allowance for temporary disability in line with existing legislation. The decision of the trade union committee on a person's illegibility to a benefit is binding on the management which proceeds to pay it to the person in question.

Temporary disability allowance for collective farmers follow the same pattern. True there are certain special features which spring from the rather specific labour organisation on collective

farms, conditions of pay for work done and other factors. These benefits are granted by the trade union committees of collective farms and are paid to the recipients by the collective farm management.

Additional guarantees exist to safeguard the right of working people to temporary disability allowances. If a person thinks that an inaccuracy or mistake has been committed by those who determined the size of his allowance he may appeal against the decision of the trade union committee or the action of the management. Complaints of this nature are usually dealt with by higher level trade union bodies which pass final judgement.

Cases when a person is denied either partially or entirely any allowance are extremely rare. Even when a person has deliberately damaged his health (for instance, by self-mutilation) he is still entitled to some kind of benefit provided his action was not motivated by a desire to shirk his labour or other duties. A person may be denied a benefit when he fails to appear without a good reason for a medical examination or when he deliberately violates his doctor's instructions or prescribed behaviour for the duration of the illness. Such measures are motivated by the state's concern for the health of those who fall ill and contribute to their quick recovery and return to full active life.

The trade union committee is empowered to make the offending enterprise compensate for the expenses on the temporary disability allowances to a person suffering from an industrial injury or occupational disease attributable to his work at this enterprise. The prescribed procedure is designed to make the management take a more responsible attitude and adopt in good time the necessary measures ensuring safe and

healthy working conditions. Let us take a specific example. A worker or an employee has injured a leg while on the job and was incapacitated for a month as a result. The person received the total of 200 roubles in disability allowances out of the social insurance funds. The trade union committee in agreement with members of the labour safety commission has determined that the injury was sustained as a result of the failure by the management to enforce properly safety techniques. The trade union committee in this case decides to make the management pay into the state social insurance budget a sum of 200 roubles to cover the expenses incurred. This decision is usually final and without right of appeal which means that the decision of the trade union committee cannot be revised by another trade union or state body. If the enterprise fails to carry out the decision the trade union committee enforces an automatic deduction from the enterprise's current account at the state bank payable into the state social insurance budget.

Active participation of working people themselves in settling all questions and disputes arising from the award of social insurance benefits is a guarantee of the strict observance of the existing legislation designed to protect the interests of working people.

Chapter Six

ACCOMMODATION AT SANATORIA AND HEALTH RESORTS AT THE EXPENSE OF SOCIAL INSURANCE AND SOCIAL SECURITY FUNDS

The curative properties of mineral springs, sea and river water and of salubrious climatic conditions have been known since ancient times. In Russia, mineral springs began to be used for curative purposes at the beginning of the 18th century, in the reign of Peter the Great. Between 1717 and 1722 by special order of Peter the Great a palace and a drinking gallery were opened near the town of Petrozavodsk in Karelia to use the mineral springs of Olonets for treatment purposes. Around that time a few other spas were opened in the North Caucasus and elsewhere.

However, in tsarist Russia mineral springs and salubrious climatic conditions were used in the first instance for commercial purposes, not for improving the medical care for the broad masses of the population. Even the attempts to combat tuberculosis were primarily motivated by the prospect of extracting economic advantages rather than by a conscientious effort against this formidable disease. TB sanatoria were looked upon as a means of cutting down expenses on insurance schemes for the working masses since after a course of treatment at a TB sanatorium the need to award a working man a disability category was dispensed with, as well as the need to pay him a pension for a long time.

Private practitioners dominated the staff of sanatoria and health resorts and the courses of treatment were hardly based on any scientific knowledge.

Before the Great October Socialist Revolution Russia had a mere 60 sanatoria accommodating 2,000 people while rest homes were non-existent.

Only the victorious socialist revolution of 1917 opened the doors of sanatoria and health resorts for the broad masses of the working people and conditions were created for a rapid expansion of the network of sanatoria, rest homes, holiday hotels, tourist centres etc.

Within the very first days of the establishment of Soviet power in Russia the Soviet Government adopted decrees, signed by Lenin, On National Health Resort Areas, On Rest Homes, and On the Conversion of the Crimea into a Health Resort for Working People which testify to the importance the Soviet state attached to the organisation of an efficient system of sanatoria and health resorts. The latter decree stated in part: "Thanks to the liberation of the Crimea by the Red Army from Wrangel and the White Guards it is now possible to use the salubrious climate and other curative properties of the Crimean coast for the treatment and restoration of capacity for work of the masses of workers, peasants and all working people from all Soviet Republics. Workers from other countries will also be welcomed. The sanatoria and health resorts of the Crimea, which before the Revolution were the exclusive preserve of the big bourgeoisie, magnificent palaces and villas which were formerly owned by landowners and capitalists and the palaces of former tsars and grand dukes shall be converted into sanatoria and health

centres for workers and peasants." A start was made, amid wholesale economic dislocation caused by the Civil War and foreign intervention, on setting up resort polyclinics and developing scientific research into the curative effects of resort treatment.

The large-scale construction programme that followed resulted in building a network of sanatoria and health resorts which by 1922 could accommodate about 1,400,000 workers and members of their families at a time.

Today the Soviet Union's sanatoria and rest homes annually accommodate over 10 million workers, office employees, collective farmers and members of their families at the expense of social insurance funds.

With a switch-over to a five-day working week many industrial enterprises and collective and state farms began to use their profits to finance the building of rest homes, sports and health improvement camps and facilities for amateur anglers and hunters from among their personnel. At the moment there are over 12,000 rest and sports camps owned and run by industrial enterprises and collective and state farms. They are annually visited by over 15 million people who come here together with their families not only during their regular holidays but also to spend the week-end.

The Organisation of Sanatorium and Health Resort Treatment and Rest. Workers, office employees, collective farmers and members of their families have at their disposal over five and a half thousand sanatoria, holiday hotels and rest homes where they spend their holidays. To obtain a rest and cure it is not necessary to go to the Caucasus or the Crimea which of course have world-famous resort facilities. There are sanatoria of various types

in all other parts of the country from the Baltic Sea coast to the Kamchatka Peninsula. The network of sanatoria and health resorts has been expanding particularly intensively in recent years in the Soviet Far East, Siberia and Kazakhstan. The rich climatic and natural conditions provide unlimited opportunities for organising an efficient system of sanatorium and health resort treatment for the country's working people. To date over 5,000 mineral springs of a varied chemical composition have been identified, over 700 deposits of medicinal muds, some 450 areas with particularly salubrious climatic conditions especially suitable for rest and cure.

Sanatoria and health resorts are usually up-to-date curative and prophylactic complexes fitted with the latest medical equipment, treatment rooms and gyms. They offer every facility not only for an efficient treatment but for a satisfying and health-restorative rest. Every sanatorium or holiday hotel has its own lending library, a cinema, sports grounds etc.

What are known here as *sanatoria-prophylactoria* have acquired wide popularity. These are sanatorium-type treatment and disease-prevention centres situated as a rule in the close vicinity of factories and plants. They provide good facilities to enable the workers of a particular enterprise to have a good rest and take a course of treatment on days-off and even during off-duty hours.

After going off a shift a worker may go to his factory's prohylactorium where he spends the night. He may go on doing so for 24-30 calendar days usually required by a course of treatment. If the need arises this course of treatment may be extended.

At prophylactoria workers undergo much the

same kind of treatment as in regular sanatoria, they are put on a diet prescribed by medical experts and a variety of cultural and sports activities are organised for them. The Belaya Beryoza (White Birch) prophylactorium in Bashkiria is typical. It accommodates 600 local petrochemical workers. The prophylactorium has three living buildings, a canteen, a club, a medical building and several climatic and medicinal mud treatment rooms. All the buildings are linked together by glassed-in galleries. There are several sports grounds, gyms and an indoor swimming-pool. Close by is the factory's polyclinic and hospital. The rooms sleep two; in the halls one may relax watching TV. There is also the library. In the canteen all the inmates may have their meals simultaneously. There is a wide variety of dietetic foods and you may order what you like.

The staff of the prophylactorium includes 45 doctors, medical nurses and lab assistants. The medical building has an X-ray room, cardiological, internist's and dentist's rooms. There are also a biochemical and clinical labs. The medicinal mud and hydrotherapy facilities draw on the local mineral springs.

The prophylactorium of the Minsk Motor Works stands on a scenic bank of the river Berezina with a virgin forest surrounding it on all sides. The prophylactorium is housed in an impressive building of white stone. There are rooms sleeping two and featuring all modern conveniences. There are halls with TV sets and easy chairs on every floor. Amateur musicians from among the inmates have a wide variety of musical instruments at their disposal. There are sports grounds in the park around the sanatorium and gyms. Close by is the building where the inmates may take a medicinal mud or

a physiotherapeutic treatment. Those who do not need these theatments may go on outings in the forest, go fishing in the river, pick mushrooms or berries in the summer and go skiing in the winter.

The effectiveness of treatment provided by factory prophylactoriums is generally high. Recent surveys have revealed that on the average those who undergo a course of treatment at such prophylactoriums exhibit an improvement of their capacity for work and fall ill 30 to 40 per cent less often than other workers. Needless to say this is the best indicator of the efficiency of health-restoring and prophylactic measures. A stay at an ordinary sanatorium or rest home is just as good for improving the people's health. Soviet experts who have surveyed the efficiency of sanatorium treatment have concluded that in an average year the country's sanatoria and rest homes save a total of 13 million working days for the country's economy by reducing the rate of temporary incapacitation.

Hiking, tourism and going on excursions are extremely popular, especially among the young people. Those who are fond of travelling have a total of 335 tourist routes to choose from, running the length and breadth of the USSR, in addition to 6,000 local routes. With every year more and more tourist hotels, camping sites for motorists and tent camps go up equipped with everything necessary for the traveller. Travel enthusiasts may also tour the country by rail or by coach. Cruises on the Black Sea, along the Don and the Volga and Siberia's great rivers are also extremely popular. Hiking is rapidly gaining in popularity too. There are over 100,000 hiking sections at the country's industrial enterprises and educational

establishments, in addition to over 2,500 tourist clubs. There is a far-flung network of hiring shops where tourist enthusiasts may rent equipment and other requisites.

Millions of tourists and hiking enthusiasts members of these clubs and sections go on long tours and journeys either on foot, on skis, by boat, car, bicycle etc. taking routes chosen by themselves.

A great deal of attention is paid in the Soviet Union to organising an efficient system of facilities to enable people to rest and travel en famille. In 1976, apart from factory health and rest centres, there were over 260 rest homes and holiday hotels especially designed to accommodate holiday makers who arrived with their families. Such rest homes and holiday hotels together with 300 tourist centres specially equipped to accommodate holiday makers arriving with their families have a capacity of over 100,000 holiday-makers in an average year.

Rest and sanatorium-treatment facilities in the USSR are organised on a scientific basis. There are many research centres and laboratories doing research into health resort science and balneology. To name but a few, there is the Central Scientific Research Institute of Health Resorts and Physical Therapy in Moscow, a similar institute in Pyatigorsk, and another in Sochi; Yalta in the Crimea is the home of the Institute of Medical Climatology and Climatic Therapy. Professors and teachers on the staff of many of the country's medical colleges, and practical doctors on the staff of sanatoria and health resort centres also do research into problems of health resort treatment and balneology.

The Sources of Finance for Sanatorium and Health Resort Centres Construction. Sanatoria

and health resort centres are built on money set aside by the national budget as well as on money allocated by collective farms and finance coming from other sources, notably from social insurance funds. Ministries and government departments have the right in conjunction with the trade unions to pool financial resources made available by industrial enterprises and organisations from their social and cultural measures funds to finance the building of sanatoria and health resort centres. Trade union councils finance the construction of prophylactoria accommodating workers in the non-productive sphere (education and health workers, cultural workers etc.), local industry, services and utilities at the expense of the trade union budgets and the contributions made by the enterprises and establishments in the industries which share these facilities.

Collective farms too often pool their resources to build sanatoria and health resort centres for their members. Not long ago several collective farms joined forces to build a sanatorium accommodating 1,200 people in Sochi on the Black Sea coast. In Essentuki 40 collective farms from the Stavropol Territory jointly financed the construction of the Niva sanatorium.

Who runs sanatoria and health resort centres? The country's trade unions administer and run all sanatoria (except those for TB patients) and health resort centres. The All-Union Central Council of Trade Unions is charged with the overall direction and management of sanatoria and health resorts. The Central Council on Health Resorts Management working under the All-Union Central Council of Trade Unions is responsible for the smooth functioning of the sanatoria, holiday hotels and

rest homes, as well as for the expansion of their network throughout the country. Each constituent republic has a republican, territorial and regional councils of a similar nature which report to the corresponding local councils of trade unions.

The Central Council on Health Resorts Management numbers 133 members. They are duly authorised representatives of the republican councils on Health Resorts Management, republican and regional councils of trade unions, local government and economic management bodies and scientific research institutes. There are also specialists and administrators on the staff of sanatoria and rest homes, and trade union activists. The councils on health resorts management maintain special scientific commissions on health resort treatment working on a voluntary basis, while sanatoria and health resort polyclinics have public councils. Thus the country's trade unions run the health resorts and sanatoria in their charge in a thoroughly democratic way. The Central Council on Tourism and Excursions is doing much to organise a good rest for the working people. In this job it is helped by similar councils at local trade union committees.

Prophylactoria (at present there are over 2,000 of them accommodating more than 2,000,000 people annually) are maintained by trade union committees and managements of factories and plants. The management boards of collective farms also maintain prophylactoria for collective farmers.

Who pays for sanatorium treatment and rest? The main source of finance for these purposes are the social insurance funds. Industrial workers, office employees and collective farmers get accommodation at health resorts and rest

homes either free of charge or at a considerable discount (in such cases, they pay 30 per cent of the total cost). Accommodations are provided by the trade union organisations. Needless to say anyone wishing to go through a course of sanatorium treatment may do so provided the medical commission examining him recommends this.

Who should get an accommodation at a sanatorium or rest home is decided by the local social insurance commission attached to the trade union committee or the office concerned and made up of the workers and employees. The trade union committee and the social insurance commission inform the staff of a particular enterprise or office of the availability of accommodations at sanatoria and rest homes and after distributing the accommodations announce who gets an accommodation at the expense of the social insurance fund.

As a rule most of the available accommodations go to production workers. Thus, in the coal industry the workers get not less than 70 per cent of all the available accommodations financed out of the social insurance fund. Engineers and technicians usually get 20 per cent and office employees 10 per cent of the total of accommodations available.

The social insurance commission and the trade union committee decide on who should receive an accommodation free of charge or at a discount. Out of the total of available accommodations 20 per cent of those for sanatoria and 10 per cent of those for rest homes and holiday hotels are provided free of charge. The rest are given to workers and office employees at a 70 per cent discount. For a 12 day accommodation at a rest home they usually pay 7 roubles 20 kopecks which equals

an average worker's pay for one or two days of work. A stay at a sanatorium may be anything from 20 to 56 days depending on the type and specialisation of the sanatorium. The length of stay at TB sanatorium may be as long as required. Those who are sent to TB sanatoria do not have to pay anything at all: the expenses involved are covered by the state.

Those who would like to spend their holidays at a health resort with their families are eligible for accommodation on an equal footing.

Trade union organisations using the funds at the disposal of the country's social insurance system also organise tours for workers and office employees by air, bus, rail and boat. Those wishing to go on such tours pay only 50 per cent of the cost.

Those who have distinguished themselves by excellent work—Heroes of the Soviet Union, Heroes of Socialist Labour and veterans of the Great Patriotic War decorated with three Orders of Glory—are entitled to accommodation at health resorts free of charge. Workers who have been awarded three Orders of Labour Glory also get accommodations at sanatoria free of charge.

For one-day stay at health centres maintained by factories and plants, the workers pay only 60 kopeks, the bulk of the expenditure involved being borne by the factory or plant concerned.

Factory workers, disabled war veterans, disabled workers who have sustained injury at work, unmarried and nursing mothers and adolescents also enjoy priority right to accommodation at health resorts free of charge. Priority right here implies that all the other things being equal (financial status, the gravity of the disease etc.) such people are entitled to accommodation in the first instance.

If an old age pensioner or a disabled person continues to work, he is entitled to *accommodation at a health resort at the expense of the social insurance funds* on an equal footing with the other members of the work force of a particular enterprise or collective farm as the case may be. And what if an old age pensioner stops working? Does this mean that he will be denied state assistance in obtaining a course of treatment at a sanatorium or getting an accommodation at a rest home? The answer is no. The state and the trade unions are doing everything necessary to safeguard the health of old age pensioners who stopped working upon retirement. For one thing, veteran workers often get accommodation at a health resort at the expense of the social insurance fund at his former place of work. Secondly, disabled workers and elderly people who have stopped working due to ill health or for any other reason may get an accommodation at a sanatorium or rest home maintained by the country's social security bodies.

A holiday hotel for veteran and disabled workers run by the Ministry of Social Security of the Uzbek SSR is typical. The holiday hotel is situated in a scenic spot in the Chirchik Mountains. The hotel provides accommodation for 250 people at a time. The local social security bodies foot the bill for the standard 26 days of rest at the holiday hotel, so the inmates don't have to pay anything. The rooms with a private bathroom and toilet are for two people. There is a well-stocked library, a billiard room and halls with TV sets. Films are shown daily. The TV programmes are in Uzbek and in Russian. There is a big orchard around the holiday hotel and a sizeable rose garden with over 5,500 rose bushes. There are also

physiotherapy rooms, facilities for remedial gymnastics and recreation rooms. Bus excursions to all corners of Uzbekistan are organised regularly.

The village of Smolyachkovo in Karelia has a rest home for disabled war veterans. The rest home was established thirty years ago. It is located in a pine forest stretching along the shore of the Gulf of Finland. The rest home provides every facility for a good rest. The rooms are light and cosy, there is a well-stocked library, a wide variety of table games and a rich supply of fresh newspapers and magazines. The rest home accommodates over 2,000 people annually.

Disabled war veterans receive accommodation at sanatoria free of charge. All the expenses involved are borne by the USSR Ministry of Public Health and the USSR Ministry of Defence. What is more, out of the total of available accommodations at sanatoria and holiday hotels, distributed by the trade union organisations and financed out of the social insurance fund, 10 per cent are set aside for disabled war veterans working at enterprises. Trade union organisations may give more than 10 per cent of the total of available accommodations to working disabled war veterans at the expense of the special fund designed to finance development of prophylaxis and health improvement measures. This fund is formed from surplus profits paid into the state social insurance budget and from money saved as a result of cutting expenditure due to lowering the overall level of temporary disability.

Thus we see that the Soviet state and trade unions are doing everything they can to guarantee that veteran workers and disabled war veterans are sent to a rest home or a

sanatorium for treatment at the expense of the social consumption funds whenever the need arises.

Provision of Dietetic Food. Sometimes a person may require dietetic food to improve his health without going to a sanatorium. In such a case he may be provided with dietetic food prescribed by his doctor at his place of work (in case of stomach and intestine, liver or cardiovascular diseases). Experience proves that a properly organised dietotherapy for two or three months results in an appreciable improvement in the state of health of the person in question.

People requiring dietetic food are helped in obtaining it by the social insurance bodies which pay either fully or in large part for the course of dietotherapy taken. A doctor determines who of his patients needs dietetic food. Upon his recommendation the local trade union committee and the social insurance commission send the patient to a special dietetic dining room where he gets his meals either free of charge or at a 70 per cent discount, the full cost or the 70 per cent being paid out of the social insurance fund. The dietetic dining rooms at factories and plants are staffed among others by specially trained medical nurses who supervise the preparation of dietetic food.

The attending doctor does more than recommend the necessary diet. He also follows the progress of his patient throughout the course of dietotherapy he prescribes and if necessary gets his patient to undergo additional tests and advises him on the follow-up treatment and prophylactic measures.

In 1976 over 2,500,000 people took dietotherapy courses at the expense of the country's social insurance fund, and the

number is expected to increase with each year.

A distinction should be made between dietetic food provided at the expense of the social insurance fund and food which is normally provided by enterprises featuring work conditions injurious to health. The latter is meant to off-set the harmful effects of the work environment on the health of the workers, while the former is provided at the expense of the social insurance fund only to those suffering from a specific disease.

Chapter Seven

MOTHER AND CHILD WELFARE

Solicitous care for mothers and their children is one of the central tasks tackled by the socialist state as it advances towards communism. The provision of all-round assistance to mothers is an effective means of improving the existing system of mother and child welfare.

The socialist state has built up a far-flung network of institutions looking after the health and welfare of mother and child. The measures being taken to this end include health protection, the organisation of upbringing, education and maintenance of children at state expense at pre-school children's institutions. In 1976 alone, 12,000,000 children attended nurseries and kindergartens. Apart from that, seasonal children's institutions are being set up every summer accommodating about 5 million children. At present, one out of every three children in the country as a whole and one out of the two children in towns is educated in a nursery school or kindergarten. All strata of the population can afford to send their children to nurseries and kindergartens since over 80 per cent of all the expenses involved in the upkeep of children are defrayed by the state. The upkeep of a child in a nursery costs the state 360 roubles annually and in the kindergarten, 290 roubles.

Public education occupies a prominent place

within the system of measures aimed at insuring proper education for the rising generation. In 1976 more than 93 million children attended an educational establishment of one kind or another; 46,5 million attended general education schools. The education of one secondary school pupil costs the state over 100 roubles a year and the education of a college or university student costs the state 870 roubles a year (including the maintenance grant).

The state and trade unions have set up a wide network of institutions providing recreation and rest facilities for children during holidays. Large sums are spent on organising after-school activities (children's technical ingenuity stations, sports schools and facilities, New Year's parties etc.). The state and the country's social insurance bodies spend large sums of money on these purposes which increase every year.

Special sanatoria and rest homes have been established for expectant mothers and mothers with children. The state also provides a variety of child allowances to mothers and expectant mothers in addition to certain privileges at work, such as fully paid breaks to feed the baby, a ban on night and overtime work for expectant mothers, etc.

The state also looks after the upkeep and education of children who have lost their parents or who are handicapped. Such children are placed at special kindergartens and children's homes. There is a special system of educational establishments for them which enable them to receive not only general education, but also to acquire certain work skills.

Maternity Grants. Every working woman, whether an office employee, an industrial worker or a collective farmer, is entitled to a maternity leave with full pay at the expense of

the social insurance and social security funds. The length of this leave is normally 112 calendar days (56 days before childbirth and 56 days after). In the event of a pathologic delivery, or in the event of twins or more babies being born, the postnatal leave may be extended to seventy calendar days. Maternity grant is 100 per cent of earnings in all cases, irrespective of whether the woman concerned has a continuous or an interrupted length of service etc.

Child Allowances. The Soviet state provides material assistance to families with children either in the form of a lump sum payment right after the birth of a child or later, on a monthly basis.

Working parents are entitled to a lump sum child allowance paid out of the state social insurance fund and the social insurance fund for collective farmers. This benefit is designed to help families with small incomes to buy everything necessary for the new-born baby. It amounts to 30 roubles and is payable to the parent, who applies for it, if he earns not more than 60 roubles a month. The earnings of the other parent in this case are not taken into account. Thus, even if the average per capita income of a family is well above 60 roubles a month the child allowance will still be paid. It should be noted that with every year the number of people claiming this child allowance declines as their earnings go up: the average monthly wages of industrial workers and office employees reached 151 roubles a month in 1976. Allowances and supplements of all kind taken into account, the wages amounted to 200 roubles.

In 1974 a new type of allowance was introduced in the USSR to help families with

low incomes and several children. The state and collective farms spend an estimated 1,400,000 roubles a year to sponsor it. The allowance is provided to families with an average per capita income of 50 roubles a month. It amounts to 12 roubles a month for every child up to the age of 8. This benefit is available to families of industrial workers, office employees and collective farmers, and to families of servicemen, students and pensioners.

The measures carried out by the Soviet state to improve living standards have produced a situation where the number of families with small incomes is declining steadily. In 1975 compared to the 1965 level, the number of people in the USSR with incomes of one hundred and more roubles a month per capita increased more than eight-fold. In 1980 about half the population will enjoy such incomes. This is a graphic indication of a steady improvement in the standard of living for tens of millions of Soviet people. At the moment the minimum wages have been increased to 70 roubles a month, with a simultaneous increase in rates and salaries for categories of workers in the medium wage bracket. The reduction and lifting of taxes taking place in the country also helps to increase the welfare of families with small incomes. Blue and white collar workers with earnings of up to 70 roubles a month at their main place of employment do not have to pay any income tax now. At the same time income tax paid by those with earnings of from 71 to 90 roubles a month has been reduced by an average 35.5 per cent.

Apart from the introduction of the additional child allowance the procedure for granting and payment of benefits to mothers with many children and unmarried mothers has been re-

tained. The state allocates annually over 400,000,000 roubles for this purpose. Soviet legislation introduced, as early as 1944, government-subsidised child allowances to mothers with two children in the event of the birth of the third and each subsequent child which was an improvement on the previous arrangement whereby only mothers with six and more children were entitled to this benefit.

Mothers with many children and single mothers are entitled to child allowances irrespective of their wages and other sources of income. Mothers with many children are entitled to monthly child allowances the size of which is related to the number of children. Apart from that, on the birth of the third and every subsequent child the mother is entitled to a lump sum benefit. For example, a sixth child being born, the benefit amounts to 100 roubles and the birth of the seventh child entitles the mother to a lump sum benefit of 125 roubles. A monthly child allowance is paid starting from the second year of age up to the age of 5. Unmarried mothers are entitled to a lump sum and monthly child allowances from the moment the child is born up to the time he reaches 12 years of age. Wives of privates and NCOs who are called up to the army are entitled to a child benefit of 15 roubles a month in the case of one child and 22 roubles in the case of two and more children.

Rest and Recreation Facilities for Children in Summer Time. Young Pioneer summer camps are the principal form of organised rest for children during the summer holidays. These camps are usually located in scenic spots in the countryside and provide every facility for a good rest and education of children. A good example is the Orlyonok (Eaglet) Young

Pioneer Camp, maintained by the Cherepovets Iron and Steel Works for the children of its workers. The camp lies on the bank of the Sheksna River, the grounds occupying 75 hectares. Over 1,300 schoolchildren spend their summer holidays at a time here. There is a cinema, two outdoor theatres and a wide range of other facilities where the inmates may pursue their hobbies such as nature study, amateur photography etc. There is a big orchard, an experimental field and a rabbit-breeding farm nearby. The camp provides excellent sporting facilities, with a stadium, tennis courts and a well-equipped beach.

At present there are some 30,000 Young Pioneer camps accommodating over 10 million schoolchildren annually. In the tenth five-year period it is planned to build a Young Pioneer camp for every factory and plant with a work force of not less than 1,500 people. There are also plans to encourage smaller factories and plants to pool their resources and build summer camps for children on a co-operative basis.

Usually children stay at a summer camp for 26 days. A three-shift system each summer is operated as a rule. But many children spend more than one shift at a Young Pioneer camp during the summer. All the expenses involved (meals, cultural facilities, medical equipment and services etc.) are covered by the social insurance bodies, special funds set aside by factories and collective farms concerned, trade union organisations, public education bodies etc. The parents of a child spending summer holiday at a Young Pioneer camp either do not have to pay anything, or pay a token amount of not more than 18 roubles 16 kopecks. Orphans, the children of widows, of unmarried mothers, disabled war veterans, and disabled workers, as

well as children from large families spend their summer holidays at Young Pioneer camps free of charge.

Usually children from 7 to 15 years of age go to Young Pioneer camps, that is, pupils of the first seven forms. Senior formers spend their summer holidays at camps of a different kind, that have become known here as health-building and work camps. This form of spending summer holidays has become very popular among the pupils of senior forms of secondary schools. The money to maintain such camps comes from the following sources: 50 per cent comes from social insurance, 25 per cent from economic organisations, trade unions and public education bodies; the rest 25 per cent comes from the parents or from collective and state farms and organisations which set up such camps.

Sanatorium-type Young Pioneer summer camps are becoming increasingly popular. At such camps children aged 7 to 14 receive treatment for a variety of ailments including rheumatism, respiratory, gastric and liver disorders. Children's doctors and medical specialists, who are specially invited to local children's polyclinics for a consultation decide who of the children should go to a sanatorium-type summer camp. Such camps make wide use of natural curative factors in combination with physiotherapy, remedial gymnastics and rational diet.

There are also Young Pioneer sanatorium-type camps operating all the year round. At the moment the Central Council for Health Resorts Management has eight such Young Pioneer camps accommodating 2,700 children at a time in places as far apart as Armenia and Karelia, Byelorussia and Bashkiria; there are also Young Pioneer camps of this type in Anapa and

Yevpatoria on the Black Sea coast. These camps have an eight-year general education school which enables the inmates to carry on with their studies parallel to receiving treatment.

Apart from sanatorium-type Young Pioneer camps operating all the year round, the trade unions reserve 5,000 places at regular sanatoria to accommodate parents with children.

Another 10 sanatoria and holiday homes for parents with children, accommodating over 5,000 people at a time, will be built in the next few years.

The trade unions also maintain 34 sanatoria specialising in catering for adolescents. Over 46,000 youths and girls come to these sanatoria for a rest and cure under skilled medical supervision every year. Accommodation at such sanatoria for adolescents is provided free of charge. At present the demand for this type of sanatoria catering has been met fully.

Boarding Schools for Handicapped Children. These children's institutions administered by social security bodies look after mentally retarded and severely handicapped children. These schools provide every facility essential for proper everyday care, medical and cultural services. The children receive a general education and acquire work habits and skills, which goes some way towards their rehabilitation.

Chapter Eight

THE ADMINISTRATION OF SOCIAL SECURITY AND INSURANCE

In the USSR social security and insurance programmes are run in a genuinely democratic way. The trade unions, which are the biggest mass public organisations, are directly responsible for the running of the country's social insurance system. Social security is in the hands of the state bodies. However, representatives of public organisations, including the trade unions, also take part in the running of social security.

The question may arise why the trade unions should be playing such an important part in running social insurance and social security. For an answer to that question we have to examine briefly the role of trade unions under socialism.

The victorious October Socialist Revolution in Russia changed the position of the working class radically. The Revolution made the workers the politically dominant class, the backbone of the socialist state. Formerly deprived of the means of production, the working class was made the collective owner of these means and thus became the economically dominant class as well.

These history-making changes in the role of the working class led to radical changes in the role of the trade unions and their organisational structure. Once semi-legal organisations, fol-

lowing the Revolution they became free organisations of the working class—the dominant force in society both politically and economically. Changes in the class nature of the state and the status of the trade unions under socialism have given rise to a new type of relationship between the trade unions and the state which is now characterised by unity and cooperation.

In the USSR the trade unions take an active part in governing the society. Through the trade unions broad masses of working people learn to run the affairs of state and society, to manage the country's economy. The trade unions make a truly inestimable contribution to the common effort of meeting the material and cultural needs of the working people. The prime task of the trade unions is to safeguard the legitimate interests of the working people, to combat uncompromisingly infringements of socialist law and order which regrettably still occur from time to time.

One of the basic criteria for an assessment of the role of trade unions within the overall system of socialist democracy is the nature and volume of their rights written into the country's legislation. Significantly the Soviet state during the sixty years of its existence has not passed a single law abridging the rights of the trade unions; on the contrary, it has always acted to extend their rights. This is added proof that trade unions in a socialist country are at one with the state, as they have common interests, common goals. There is hardly a field of social relations bearing on the interests of the working people where the trade unions are not active.

Soviet trade unions take an active part in the drawing up of economic development plans and all schemes aimed at improving the material and

cultural standards of the people. All decisions on these important matters are taken by state and economic bodies in consultation and with the consent of the trade unions.

Soviet trade unions have wide opportunities to raise before the government bodies any question relating to the further development of the socialist society, improving working and living conditions for the country's working people. In the person of its Central Council the trade unions have the right of legislative initiative which is among the most important of their multifarious rights.

The rights of the trade unions are especially extensive at industrial enterprises, offices and organisations. The rank-and-file blue and white collar workers are able to take part in running production through general meetings, production conferences and various forms of social activities.

The management of industrial enterprises and organisations is in duty bound to create favourable conditions to encourage the active participation of workers and office employees in running production. Officials and administrators are bound by law to go into all grievances and complaints, criticisms and suggestions made by workers and office employees and to report back to them on the action taken.

A major form of participation of factory and office workers in running production is permanent production conferences working under the guidance of trade union committees in close contact with various creative associations of working people, such as innovators and inventors society, scientific and technical society etc.

The drawing up of collective agreements between management and trade unions provides a good opportunity for the display of initiative

by the workers and office employees of the given enterprise involved in helping to run production more effectively. Collective agreements specify mutual obligations undertaken by management on the one hand and the workers and office employees, on the other, in fulfilling production targets, introducing new equipment and technological processes promoting socialist emulation campaigns, raising qualifications and organising on-the-job training. These agreements also contain obligations by the management and trade union committee to further improve pay, safety engineering, to provide privileges and concessions to front-rank workers in obtaining better living accommodation, to improve cultural and everyday services and develop mass cultural activities.

The management bears legal responsibility for failure to fulfil its obligations under the collective agreement. By contrast the trade union committee bears no such responsibility. For failure to keep its side of the bargain, the trade union committee bears only a moral responsibility to the workers who have elected it.

The powers of a trade union committee are particularly extensive in the matter of enforcement of existing legislation concerning conditions of work and pay.

The management lays down regulations on conditions of labour and pay in consultation and with the consent of the trade union committee. For instance, the management may not introduce overtime work unless the trade union committee gives its consent. What is more the management may raise the question of overtime work only in extremely rare cases strictly limited by legislation. The size of bonus payments and other benefits, the provision of material help and material encouragement for

better than average performance out of the incentives fund is decided upon by the management in collaboration with the trade union committee. The allocations for social and cultural measures and housing construction are approved by the management also in consultation with and with agreement of the trade union committee.

The management may appoint officials to top administrative posts only with the consent of the trade union committee. At the same time the trade union committee may demand the dismissal or punishment of top administrators for failure to fulfil the management's obligations under the collective agreement, or for infringements of the existing labour legislation.

The trade union committee of an industrial enterprise enjoys many other rights in respect of production, working and living conditions of workers and office employees.

A major indicator of the great part the trade unions play in solving all questions relating to every aspect of life in socialist society is their participation in running the affairs of state.

In 1933 the Soviet trade unions undertook the administration of the country's social insurance which until then had been the responsibility of state bodies. The trade unions had been active in setting up state bodies administering social insurance and had their representatives in such bodies who supervised their activities even before. But since 1933 they were made directly responsible for all matters related to the social security of workers and office employees. In 1970, at the request of the USSR Council of Collective Farms the trade unions undertook the administration of the social insurance scheme covering collective farmers.

The fact that the trade unions have taken over some of the functions performed previously by state bodies does not imply that they have become a tool of the state. Even so they continue to be non-Party, non-governmental organisations which take a direct and active part in developing the whole of socialist society using methods of persuasion and education of the working masses.

A good idea of the main trends in the activities of the Soviet trade unions in running the country's social insurance can be gauged from an outline of their organisational structure.

The Soviet trade unions are organised on the industrial principle, that is to say, all those working at a particular enterprise or office belong to a particular trade union. Each trade union unites factory and office workers engaged in one or several industries. The constituent republics, territories and regions have republican, territorial and regional trade union councils. The general meetings of trade union members, trade union conferences and congresses elect corresponding trade union committees at factory, plant, local, regional, territorial and republican level. An inter-union conference (congress) elects a Council of trade unions. The congress of trade unions of the USSR is the supreme governing body of trade unions and elects the All-Union Central Council of Trade Unions (AUCCTU) which acts as the top governing body of trade unions in between congresses.

In March 1977, the XVIth Congress of Soviet Trade Unions took place in Moscow. In his report to the Congress, General Secretary of the CC CPSU Leonid Brezhnev described the diverse functions of the trade unions in the

developed socialist society and defined their tasks in modern conditions. "Acting as an influential social force," stressed Brezhnev, "the trade unions have a great role to play in our entire political system, in developing socialist democracy. The key question for us here has always been and will be what the word democracy means literally, namely, government of the people, i.e. the involvement of the masses in the management of the affairs of state and society, that 'genuine self-government by the people' Lenin referred to."

The Administration of Social Insurance. The administration of state social insurance is based on a combination of three principles: production, industrial and territorial. The production principle implies that all matters relating to the material security of the working people at the expense of social insurance funds are dealt with on the spot at enterprises and offices (the provision of benefits, accommodation at sanatoria and rest homes, the provision of dietetic food etc.) This method of administering social insurance makes it possible to create maximum convenience for the workers in exercising their right to material security to the full. For instance, a worker who becomes temporarily disabled may receive an appropriate benefit or allowance under the state social insurance upon submission to the management of a document certifying his disablement. Such a worker will draw the benefit awarded to him from his particular place of work. Should he require a course of treatment at a sanatorium, the question is discussed by the trade union committee of his particular place of work. The production principle makes it possible to arrive at a happy combination of material security with financing arrangements since workers re-

ceive their social insurance benefits from funds made up of contributions from each enterprise in the industry as part of their social insurance dues (the only exception from this rule are pensions for non-working old age pensioners).

The industrial principle of the administration of social insurance consists in the fact that within the particular territory, region or republic overall administration of trade union committees at enterprises and offices is exercised by the industrial trade union committees at regional, territorial and republican levels. To give an example: a region may have ten engineering plants; the trade union organisations of these plants are governed by the regional trade union committee of engineering workers.

The territorial principle means that within a particular territory, region or republic the trade union committees in each of the industries are governed by the inter-union body—the Council of Trade Unions.

Trade union committees of enterprises and offices handle the bulk of the work involved in administering material security schemes covering the workers at the expense of the social insurance fund.

These committees enjoy broad powers. We have mentioned earlier on that all decisions on the provision of all kinds of social insurance benefits are sanctioned by trade union committees which also decide who should be sent to a sanatorium for a rest and cure, who should be provided with dietetic food prescribed by doctors. They also administer the payment of old age pensions to old age pensioners who continue working. However, the provision of material security for the workers and the

carrying out of measures aimed at preventing sickness and improving health standards financed out of the social insurance fund is only one of the many different functions performed by the trade union in this field. The trade union committee, relying on the assistance of activists from among the work force of the enterprise concerned, draws up annual plans for the formation of the social insurance fund and its utilisation. Social insurance contributions by enterprises and offices are the main source for making up the social insurance fund. Upon approval of a social insurance plan by the higher trade union body, the local trade union committee sees to it that the enterprises and offices pay their contributions fully and on time. Since the workers draw their benefits from the contributions due to the social insurance fund from enterprises, the real sum of insurance contributions paid into the trade union committee's fund is the difference between the total of contributions due from the enterprise concerned and the total of expenditure on material security for the workers. If the enterprise fails to pay its insurance dues on time, the trade union committee has a right to order the local bank to withdraw from the current account of the offending enterprise a sum of money due from it and transfer it to the state social insurance budget, along with a fine for failing to pay it in good time (penalty interest). The existing financial system of social insurance is such as to stimulate the interest of enterprises and offices in improving their performance and making the measures they take to provide healthy work environments and prevent sickness more effective.

Where social insurance contributions made by enterprises exceed the specified amount

(which may happen as a result of an increase in wages), the surplus money is turned over to the trade union committee which may use part of it to send more people to sanatoria or rest homes or provide dietetic food to more of its workers at the expense of the social insurance fund. A certain part of the savings made through a reduction in the number and amount of temporary disablement benefits due to a decline in the sickness rate compared to what was anticipated at the beginning of the year is also used for these purposes.

We should like to emphasise once again that failure by an enterprise to pay its insurance dues does not affect the right of its workers to material security under social insurance system in any way. They draw their benefits irrespective of the financial status of the enterprise or office they work at. If, say, a particular enterprise experiences a shortage of resources to cover all expenditure under social insurance, it may receive a subsidy out of the national budget.

The trade union committee in its social insurance activities relies on activists from among the workers and office employees. Rank-and-file workers have every opportunity to participate on a voluntary basis in all activities connected with social insurance at their particular enterprise: they may sit on commissions on social insurance, on pension commissions or work as voluntary insurance agents.

Social insurance commissions are usually set up by trade union committees of enterprises with the work force of not less than one hundred members. The composition of the commission is recommended and approved by the trade union committee. The commission is

headed by the chairman of the trade union committee. Other members of the commission include active workers and office employees enjoying prestige and respect among the workers, voluntary insurance agents, doctors and medical nurses of the local medical centre or polyclinic. Membership of such commissions is voluntary.

As a direct assistant of the local trade union committee in its social insurance activities, the commission on social insurance performs the same functions as the trade union committee. This commission awards social insurance benefits, decides who should be sent to a sanatorium or rest home at the expense of the social insurance fund. One other important field of activity of the commission is to assess the extent of disablement or sickness of workers claiming benefits, to find out the causes and in conjunction with the management and the staff of the local curative and prophylactic institutions to work out effective measures to cut down the losses of working time due to the temporary disablement of workers. Members of these commissions are empowered to supervise the provision of medical services for the workers, office employees and members of their families. In cooperation with the public commission on labour protection, the social insurance commission examines the working conditions, works out measures on improving them, participates in drawing up of comprehensive plans on improving labour protection and safety engineering, and supervises the implementation of these plans.

Pension commissions are formed by the trade unions of enterprises with a work force of not less than 500 members. Members of these commissions include best workers, engineers

and technicians, accountants, personnel department employees and old age pensioners. Membership of the commissions is also voluntary. The members of the pension commission explain to the workers and office employees the pension legislation, take part in drawing up documents on the worker's work record and his wages which are necessary for calculating his pension, and supervise the payment of pension to working pensioners and rehabilitation of disabled workers.

Voluntary social insurance agents are elected at general meetings of the trade union groups of factory shops, departments etc. Together with public labour protection inspectors they exercise daily supervision over how the management implements planned measures to improve working conditions. They also help the staff of curative and prophylactic centres in their work. Voluntary social insurance agents look after their fellow workers who have fallen ill, maintain a home visiting service and give them help on a day-to-day basis if and when required.

At the moment over 5 million industrial workers, office employees and collective farmers work as social insurance agents on a voluntary basis. Over 1,200,000 of them are on social insurance commissions set up by the trade union committees of industrial enterprises and offices.

Doctors employed by local trade union councils give considerable assistance to the trade union committees in looking after the health of the workers and office employees among the membership. It is they who supervise the work of medical institutions, treatment and disease prevention centres, medical and labour expert commissions. They also study the causes of

sickness among workers and office employees. Whenever these medical officers discover cases of infringement of existing regulations on health protection, they may insist on immediate measures to remedy the situation.

The All-Union Central Council of Trade Unions, the supreme executive body of the Soviet trade unions, apart from administering social insurance schemes on a national basis does a great deal to initiate improvements by amending existing legislation in this field. The Central Council issues instructions, regulations etc. relating to the application of the existing social insurance legislation. In cooperation with the State Committee on Labour and Social Problems under the USSR Council of Ministers the Central Council of Trade Unions drafts and adopts regulations on the application of pension legislation.

The thoroughly democratic principles underlying the administration of social insurance manifest themselves in the broad rights enjoyed by the trade unions in deciding the size of allocations for social insurance. The country's social insurance budget forms an integral part of the overall national budget approved by the USSR Supreme Soviet. The supreme state bodies determine the size of the expenditure as regards only two general provisions:

a) the payment of pensions, and

b) the provision of other benefits under the state social insurance.

All allocations beyond that are decided upon directly by the All-Union Central Council of Trade Unions (temporary disablement benefits, maternity grants, accommodation at sanatoria and rest homes etc.)

The AUCCTU and other trade union bodies may introduce amendments and changes in

the course of the execution of the budget at their disposal, caused by the need to redistribute allocations when required and eliminate delays.

The Administration of Social Insurance Schemes for Collective Farmers. This is based on the trade principles. Trade union committees of collective farms enjoy broad powers in the provision of a wide range of social insurance benefits to collective farmers at the expense of the social insurance fund. All matters relating to the improvement of working conditions of collective farmers and raising their health standards are dealt with by activists on social insurance commissions and by voluntary social insurance agents together with the management of collective farms. The All-Union Council of Collective Farms, in conjunction with the Central Committee of the Trade Union of Agricultural Workers, approves annual plans for the formation and utilisation of the centralised national social insurance fund for collective farmers. Legislative acts regulating the size of and procedure for the payment of social insurance benefits to collective farmers are issued by the All-Union Council of Collective Farms and the AUCCTU.

The Administration of Social Security. Direct responsibility for the administration of social security schemes lies with the Soviets of People's Deputies.

The district Soviet of People's Deputies looks after the granting and payment of pensions and allowances, granting of privileges and concessions provided for by legislation currently in force, supervises the procedure for making deduction from the profits of collective farms to be paid into the centralised national social security fund for collective

farmers. It also implements measures for the rehabilitation of disabled collective farmers and organises vocational training for the various categories of disabled collective farmers.

Regional Soviets of People's Deputies are in charge of the administration of social security arrangements at the regional level. The social security departments of the district and regional executive committees of the Soviets of People's Deputies are directly responsible for practical social security work.

In the constituent republics the Union republican ministries of social security are the authorised bodies looking after social security. The State Committee of the USSR Council of Ministers on Labour and Social Problems and its Social Security Board acts as the supreme coordinating body on a national scale.

All social insurance bodies organise their work on thoroughly democratic principles as thousands of voluntary social security agents take part in their activity. Apart from the representation of trade union organisation in the pension commissions and in medical and labour expert commissions, industrial workers, office employees and collective farmers take part in public councils which are formed at social security departments and work on a voluntary basis on medical and labour expert commissions. Public councils at social security departments are usually composed of representatives of the given department and of representatives of local public health bodies, trade union organisations and industrial enterprises. Old age pensioners also sit on these commissions. They help the social insurance departments in finding suitable employment for disabled workers, look after the aged pensioners and help them in every way they can.

and participate in discussions of measures to further improve the work of social security bodies.

Special social security councils for collective farmers have been set up on every level, from the district to the Union republican, to help in improving the social security (pension and all kinds of allowance) schemes for collective farmers and providing the full range of social security benefits to them. These councils are representative bodies of collective farms and rely on the activists from among the collective farmers in their everyday activities. The activists are of course all voluntary workers.

Social security councils are elected by the collective farmers. The social security councils of collective farms together with the management prepare all the documents for the payment of pensions and allowances, help the management in looking for additional opportunities to find suitable employment for old age pensioners who wish to continue working, keep records of collective farmers nearing pensionable age and prepare all the necessary documents well in advance.

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The Soviet Union has a comprehensive and efficient system of social insurance and social security. Further improvements are being introduced as the socialist economy improves its performance. These improvements will eventually result in a substantial raising of the standard of social security and social insurance coverage for one and all at the expense of the

public consumption funds, in fully meeting
needs of the population in accommodation
sanatoria and health resort centres and in
marked improvement in the provision of eve
kind of social assistance.

This book, which consists of two parts, deals with the public health and social security systems in the USSR.

Yuri Lisitsin, Doctor of Science (Medicine), examines the underlying principles and social content of the Soviet health care system and trends of its development.

Prof. Konstantin Batygin deals with social security and insurance arrangements in the Soviet Union. Special reference is made to the maintenance of the aged and disabled which has been organised in line with Lenin's ideas. Industrial safety and protection of the health of working people and their families are also described.

THE USSR

PUBLIC HEALTH AND SOCIAL SECURITY